YOUR LIFE! OUR FUTURE!

Suicide Prevention Resource Kit

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Votre Vie! Notre Avenir! est également disponible en français.

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Indian Prayer

Ob Great Spirit,
Whose Voice I bear in tbe winds
Hear me, for I am young small and weak
I need your strengtb and wisdom.

I seek strengtb Ob Great One
Not to be superior to my brotbers
But to conquer my greatest enemy,
MYSELF.

I seek wisdom
Tbe lessons you bave bidden in every leaf and rock
So tbat I may learn and carry tbis message
of life and bope to my people.

May my bands respect tbe many Beautiful
tbings you bave made.
My ears be sbarp to bear your Voice
May I always walk in your beauty
And let my eyes ever bebold tbe red and purple sunsets.

So wben life fades like tbe setting sun
My spirit will come to you witbout sbame.

I HAVE SPOKEN .

SPECIAL ACKNOWLEDGMENTS

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FOREWORD

The Research and Development Component of the National Native Alcohol and Drug Abuse Program which is co-managed by the National Native Advisory Council provides financial support to a wide scope of addictions research activities in Canada which focus on issues of concern and importance to Native people. This includes projects which are designed to study or lead to the development of new and innovative models and programs in the areas of treatment, prevention and maintenance, training, community programming and other carefully determined research priority areas.

One of the objectives of the Research and Development Component however, is to also communicate the results of these projects to Indian and Inuit communities in Canada. As a result, the National Native Advisory Council on Alcohol and Drug Abuse in fiscal year 1988/89 undertook to publish and distribute some of the Research and Development reports, manuals and other tools which have been developed by various community groups and other agencies who have received funding. The purpose of doing this is to ensure that current and valuable information about new intervention and development models is made available to persons who work in or are somehow involved in the field of Native addictions. Specifically, counsellors, treatment directors, prevention and maintenance workers, community programs planners, researchers, evaluators and community administrators.

Several years ago, the Research Committee of the NNACADA identified Suicide/Suicide Prevention as a Priority Area to investigate. Therefore, two communities (Sto:lo Nation/Chilliwack Area Indian Council, British Columbia and the Cote Band, Saskatchewan) applied for and received funding to undertake a Suicide Prevention Demonstration Project in their respective communities.

As a result, the information gathered by the project workers was pulled together to create said kit.

The National Native Advisory Council on Alcohol and Drug Abuse (NNACADA) is pleased to join with the National Native Alcohol and Drug Abuse Program (NNADAP) of Health and Welfare Canada in the distribution of **Your Life! Our Future!** The need to do prevention, education and research in the area of Suicide is a primary concern of our People. This practical publication is indicative of the continuous effort of NNADAP and NNACADA to address the needs of First Nations and Inuit People.

This kit is available in both official languages. Requests for copies of this Manual should be directed to the National Native Alcohol and Drug Abuse Program of Health and Welfare Canada. In closing, we would like to join the authors with a reminder that it is **Your Life! Our Future!**

Louise Mayo
Executive Director
NNACADA

TABLE OF CONTENTS

INDIAN PRAYER i
ACKNOWLEDGEMENT ii
FOREWORD iii

INTRODUCTION 3
HOW TO USE YOUR LIFE! OUR FUTURE! 7

SECTION 1

SUICIDE: MORE THAN LIFE AND DEATH 13
1.1 Developing a definition of suicide 13
1.2 Working definition of suicide 14
1.3 Recommendations 14
1.4 Caution 15

SECTION 2

ANNOTATED BIBLIOGRAPHY WITH AUTHOR AND SUBJECT INDEX 19
2.1 Annotated Bibliography 20
2.2 Author Index 171
2.3 Subject Index 187

SECTION 3

COMMON QUESTIONS AND RELIABLE ANSWERS ON SUICIDE 201
3.1 Myths 201
3.2 Warning Signs 207
3.3 Statistics 209
3.4 Risk 212
3.5 Characteristics 215
3.6 Prevention 217
3.7 Intervention 219
3.8 Postvention 221
3.9 Causes 222

SECTION 4

SUICIDE PREVENTION CENTERS AND RESOURCES 227
4.1 Alberta 227
4.2 British Columbia 230
4.3 Manitoba 234
4.4 New Brunswick 235
4.5 Newfoundland and Labrador 236
4.6 Northwest Territories 236
4.7 Nova Scotia 236
4.8 Ontario 237
4.9 Prince Edward Island 245
4.10 Quebec 246
4.11 Saskatchewan 247
4.12 Yukon 248
4.13 National 248

INTRODUCTION

INTRODUCTION

The concept of **suicide** is not easily understood or accepted. However, it has become a fact of life for First Nations and Inuit People. Our[1] lives have been touched by suicide in one way or another. We have all at sometime witnessed and/or experienced the death of a loved one, peer, friend, co-worker neighbour and/or community member caused by suicide. This has left many of us with feelings of helplessness and hopelessness in our battle against suicide. **Your Life! Our Future!** is a Resource Kit directed at relieving these feelings of helplessness and hopelessness, by providing a practical method of locating information on suicide.

The purpose of **Your Child! Our Future!** is threefold;

(1) to present information on Suicide so that our people will have sufficient knowledge to make responsible decisions about their lives,
(2) to reduce (over time) the incidence of Suicide, and
(3) to embrace our future as First Nations and Inuit People.

It is also important to note that in the preparation of **Your Life! Our Future!** a number of assumptions have been made.

(1) Suicide is preventable.
(2) Suicide Programs will be presented to Native People by Native and Inuit trainers but are not limited to this use.
(3) Native and Inuit People believe in their responsibility for self-directed prevention.
(4) Native and Inuit people will act in a responsible way to prevent suicide.
(5) Prior to the initiation of any suicide prevention, intervention and postvention programs a **backup service** will be established, for the purpose of providing support to workers when necessary. For example, contact should be established with a near by professional individual or agency, and appropriate arrangements made to have that individual or agency act as a backup in times of need. This would include such things as providing general information, advice on educational and clinical matters, crisis support, and so on.

Your Life! Our Future! is designed to be a users guide to suicide information, for the purpose of planning and facilitating suicide programs. It is intended to help **Service Providers** (Drug and Alcohol Workers, Educators, Health Workers, Child and Family Service Workers, and so on) in First Nations and Inuit communities meet the growing demand for Suicide information. **Your Life! Our Future!** takes into consideration that Service Providers are generally busy people, and due to the nature of their jobs and the location of their communities have many constraints placed upon them. These constraints often do not afford them the time to do an in-depth search of the literature when necessary. **Your Life! Our Future!** provides these Service Providers with the means to meet their information demands without having to spend weeks searching for information on Suicide.

In addition to providing reliable, quick, and easy access to Suicide information, **Your Life! Our Future!** addresses the information needs of three distinct groups of people. For the purpose of

1 This text has been prepared for primary use by First Nations and Inuit people and is therefore written in the first person plural.

clarification we will address the different information needs as "levels of information". The use of this phrase should not be misunderstood to mean a hierarchy of information or groups of people. It is used strictly to enhance clarity and organization.

The three levels of information addressed are:

Level I:	general public
Level II:	nonprofessional service providers (volunteers)
Level III:	professional and paraprofessional service providers

All of the information in **Your Life! Our Future!** has been collected, analyzed and organized with the information needs of the above three groups in mind. This means that all of the information presented is identified as Level I, II, or III. The organization of information in this manner allows you to quickly find information best suited to your audience and/or clientele.

Your Life! Our Future! is divided into four major sections:

(a) a working definition of suicide;
(b) an annotated bibliography with author and subject indexes;
(c) common questions asked about suicide accompanied with reliable answers to the questions; and
(d) a list of Canadian associations dealing with suicide.

SECTION 1. SUICIDE: MORE THAN LIFE AND DEATH

The purpose of this section is to provide you with a working definition of **suicide**, which complements the publication and enhances its overall practical value for prevention programmers and workers.

SECTION 2. ANNOTATED BIBLIOGRAPHY WITH AUTHOR AND SUBJECT INDEX

This section provides an annotated bibliography of journal articles, audiovisual material, books, brochures, pamphlets, educational packages and reports on suicide. In addition to the annotated bibliography there is an author and subject index which applies solely to the annotated bibliography.

SECTION 3. COMMON QUESTIONS AND RELIABLE ANSWERS ABOUT SUICIDE

The third section of the Resource Kit is a collection of frequently asked questions and reliable answers about suicide. It is an educational tool which can be used to stimulate discussion, prepare prevention materials and/or as a quick reference to facilitate research.

SECTION 4. SUICIDE PREVENTION CENTERS AND RESOURCES

Section 4 provides a list of Canadian suicide prevention centers and resources.

As you can see there is a great deal of information in **Your Life! Our Future!** Although we have designed it to be straightforward, there are some details about how to use **Your Life! Our Future!** which should be explained to allow you to use this document with ease. These details are provided in the following section entitled, "How to Use Your Life! Our Future!"

HOW TO USE YOUR LIFE! OUR FUTURE!

HOW TO USE YOUR LIFE! OUR FUTURE!

Now that you have reached this point, having read the introduction, you are aware that **Your Life! Our Future!** contains a great deal of information. You may be wondering what is the best way for you to use this document. This, of course, depends upon your specific need(s) at the time. We suggest that you take a few moments and think about your need(s). This is important because the way **Your Life! Our Future!** is designed allows you to move directly to the section which meets your needs.

SECTION 1. SUICIDE: MORE THAN LIFE AND DEATH

To maximize the effectiveness of **Your Life! Our Future!** it is advised that you read through Section 1 first. This section will provide you with a practical working definition of **suicide**. This working definition will be very useful when designing your research question, and identifying clinical and other information needs.

SECTION 2. ANNOTATED BIBLIOGRAPHY WITH AUTHOR AND SUBJECT INDEX

The Annotated Bibliography includes material form journal articles, books, textbooks, audiovisual material, pamphlets, booklets, reports, research papers, etc. Materials included were selected according to the following criteria:

1) material which refers to North American Native and Inuit people, regardless of year of publication.
2) material which refers to suicide prevention, published after 1983.
3) Canadian material on suicide, published after 1983.
4) books on suicide prevention, published after 1978.

The information presented in the Annotated Bibliography has been analyzed and identified as meeting the needs of particular groups of people. In other words, each item is identified as Level I, II or III.

Level I: General Public

Level I refers to general information about suicide which uses little or no technical vocabulary and is often short and easy-to-read.

Level II: Nonprofessional Service Providers (Volunteers)

Level II material is directed at nonprofessional people such as volunteers involved in training workshops, health care work and social services. It provides in-depth coverage of the topic without using highly technical vocabulary.

Level III: Professional and Paraprofessional Service Providers

Level III material is appropriate for researchers, professionals and paraprofessionals who wish detailed and specific information. This level often contains highly technical material which discusses the results of theoretical and clinical research in great detail.

Each item in the annotated bibliography contains the following information:

(1) **Author(s):** refers to the author, editor or originator of the article. All items are arranged alphabetically according to the name of the principle author, editor or originator of the article.

(2) **Title:** refers to the full title of the item as indicated by the material.

(3) **Source:** refers to the name of the publication, publisher, production source or sponsoring body for the item. When available the publisher's address is also included. The balance of the information gives the volume of the publication, the number (given in brackets), the page numbers, and the date. To help locate this item, Order numbers, Library numbers and ISBN are given, when available.

(4) **Format:** describes the format of the item such as book, journal article, textbook, booklet, pamphlet, report, cassette, etc.

(5) **Address:** this section provides the adderss of the reprint source, author, publisher, or distribution source.

(6) **Level:** denotes the anticipated level of interest or difficulty for each item.

(7) **Abstract:** Abstracts of material are taken from existing abstracts or summaries; if no abstract was available, the article was summarized.

In conjunction with the Annotated Bibliography, this section includes an Author and a Subject Index.

Author Index: This index allows a numbered item in the Annotated Bibliography to be found by principle author or by secondary or contributing authors.

Subject Index: This index allows a numbered item in the Annotated Bibliography to be found according to the major topics discussed in it. The index is for general use and may not include every item that refers to a particular topic. It will, however, permit quick access to major material of relevance to a particular topic.

Unless you have a lot of time to read through the whole Annotated Bibliography, the most efficient way of using the bibliography is to use the Author and/or Subject Index. If you have an author's name and want to review his/her work, look in the Author Index. However, should you have a particular subject you are interested in, check the Subject Index. Once you find the author or subject you are interested in, take note of the numbers which follow it. These numbers correspond with the Annotated Bibliography numbers. Turn then to the Annotated Bibliography and locate the number(s) cited in the index.

SECTION 3. COMMON QUESTIONS AND RELIABLE ANSWERS

The Questions and Answers section of the Suicide Resource Kit is designed to provide answers to frequently asked questions about suicide. This section will provide sufficient information for a basic examination of the topic of suicide. In addition, it may be used during a workshop or training session to provide: a basis for discussion on various aspects of suicide; review major topics; serve as a quick resource; or prepare prevention materials.

The Questions and Answers are divided into nine topic areas related to suicide. The answers are as clear and concise as permitted by the topic of suicide. Included at the end of each answer are numbers.

These numbers refer to the Annotated Bibliography. The annotations identified are either the original source of the answer, or material that provides similar or further information about it. If copies of the material are available, they may be used to provide a deeper coverage of the answer. Where possible, material from all levels and of all types were included; thus allowing the widest possible coverage.

The questions and answers are divided into the following topic areas:

1. **Myths:** refers to popular misconceptions about suicide.
2. **Warning signs:** discusses the major warning signs or danger signals of suicidal behaviour.
3. **Statistics:** provides statistical information about suicide rates.
4. **Risk:** discusses factors that put people at risk of suicide.
5. **Characteristics:** relates some basic definitions and traits about the nature of suicide.
6. **Prevention:** relates recent methods and ideas about the prevention of suicide.
7. **Intervention:** relates methods, procedures and facilities used during a suicidal crisis.
8. **Postvention:** offers information about procedures used after a suicide.
9. **Causes:** discusses research information about the possible causes or contributing factors to suicidal behaviour.

SECTION 4: SUICIDE PREVENTION CENTERS AND RESOURCES

The list of Suicide Prevention Centers and Resources provided in this section will help you locate the professional individuals and agencies which you might establish your **backup service** with. You should spend some time reviewing the list to familiarize yourself with what is available in your area.

We hope this section is helpful to you. We tried to design and explain how to use **Your Life! Our Future!** as simply as possible.

SECTION 1

SUICIDE: MORE THAN LIFE AND DEATH

SUICIDE: MORE THAN LIFE AND DEATH

Suicide, at a first glance could be considered a simple fact of life and death. However, the simple fact is that neither life, death, nor suicide are easily explained. Although much has been written and the research continues, the actual cause of suicide has yet to be identified. For this precise reason — the unknown cause of suicide — it is critical that a "working definition of suicide" be developed, to be used by Suicide Prevention programmers and workers. It is important that the definition be theoretically based and lend to practical application. Therefore, such a definition should provide an operational framework that will remain constant over time and between programs, that it encourage consistency over time but allow for situational flexibility, and that it permit evaluation and development with use. This is further supported by Getz et. al., in *Brief Counselling with Suicidal Persons*, (1983, xiii) where they wrote; "Overall, we feel that to be truly effective with suicidal clients you must be theoretically sound, clinically flexible, and personally active in approach and practice".

The importance of incorporating a working definition of suicide in **Your Life! Our Future!** can not be overstated. Whereas the primary purpose of this publication is to assist prevention programmers and workers in their attempt to develop **Suicide Prevention Programs**, which teach positive lifestyles and coping skills that are incompatible with "ongoing suicidal thoughts, feelings, and behaviours". It is therefore important to provide a practical working definition which complements the publication and enhances its overall practical value for prevention programmers and workers.

1.1 Developing A Definition Of Suicide

A basis premise of our working definition of suicide is that "suicide terminates **life**". It follows then, that a working definition of suicide that facilitates prevention programming intended to increase the probability of ongoing life, should in fact first advance a concept of life. This concept of life will be advanced with respect for the individual, others, the environment, time, purpose, meaning, and spirituality.

The Individual

We shall look at three aspects of the individual:

a) **Physical Self:** includes your frame, flesh, organs, blood, etc.
b) **Mental Self:** includes your intellect, your ability to remember, to problem solve, to plan, to conceptualize, etc.
c) **Social Self:** includes your basic abilities to interact with others and the environment.

Others

We shall identify others as all those people other than the specified individual, each sharing the characteristics of an individual specific to themselves.

Environment

We will identify the environment as the overall area which includes our home, our work and our community. Our environment is unlimited in size or location.

Time

We will view time as the present, the past, and the future. The present will be associated with a concept of strength versus helplessness, the past will be associated with the concept of experience versus haplessness, and the future will be associated with the concept of hope versus hopelessness.

Purpose

Purpose defines what you do on a daily basis to achieve meaning in life.

Meaning

Meaning is that overall goal that an individual strives to achieve. Meaning can be different for each individual but must be valued by the individual.

Spirituality

The way of First Nations and Inuit people in the past has depended on their ability to live in the present, know their past and plan for the future. They did what had to be done, when it had to be done, in the best interest of all the people. The Spiritual must of this statement is that they always gave thanks to and sought guidance from the Creator.

Life

We choose to identify human life as the activities called thinking, feeling and behaving (doing). (Remember, we are developing a working definition, not an absolute truth.)

Now let us put these terms together to advance a **Responsible Way of Life**.

A responsible person is one who thinks, feels, and behaves with respect for his/her mental, physical, and social self. They also think, feel, and behave responsibly with respect for others and their environment. A responsible person usually develops self-respect by doing what has to be done, when it has to be done, in the best interest of **all** (including self). They know their day-to-day purpose and they acknowledge meaning in their life. They have a good self-concept. This life becomes spiritual when the individual gives thanks to and asks guidance from the Creator.

1.2 Working Definition Of Suicide

Suicide is **the termination of life by self**; an individual takes ultimate and final measures to terminate his/her thoughts, feelings, and behaviours. Suicide always occurs in the present (helplessness), stems from the past (haplessness) and eliminates the future (hopelessness).

1.3 Recommendations

Suicide programming should concentrate on the individuals concept of his/her present, past, and future. The process involves moving the clients concept of helplessness to one of strength, to review the past without judgement and to make a positive plan for the future. Where there is **hope** there is a **future**!

1.4 Caution

There is some concern expressed in the literature regarding the potential response to the dramatization of suicide by the media in movies, documentaries and other programming. Therefore, it is imperative that all suicide prevention programming be contingent upon the identification of appropriate resource persons and/or agencies who, if required, can respond to potential suicidal situations and emergencies. Readers are encouraged to review the subject "media" in the Subject Index.

SECTION 2

ANNOTATED BIBLIOGRAPHY WITH AUTHOR AND SUBJECT INDEX

ANNOTATED BIBLIOGRAPHY WITH AUTHOR AND SUBJECT INDEX

The material found in the Annotated Bibliography has come from a variety of sources. In most instances the articles, books, reports, audiovisual materials, and so on, identified in the bibliography, can be ordered from the sources from which they come.

As mentioned in "How to Use Your Life! Our Future!" the abstracts of the material were in many cases cited directly from the journal article or from the information source. In these cases the source from which the abstract is cited is identified directly below the abstract. The following sources were used:

DIALOG	DIALOG Information Services, Micro Media Ltd., 158 Pearl St., Toronto, Ontario, M5H 1L3. Toll Free 1 800 387-2689.
ERIC	ERIC/EDRS, Document Reproduction Service, 3900 Wheeler Avenue, Alexandria, Virginia, USA, 22314-64009. Telephone (703) 823-0500.
Medline	DIALOG Information Services.
Mental Health	DIALOG Information Services.
Psych. Abstracts	*Psychological Abstracts*, American Psychological Association Inc., Arlington, Virginia, USA.
S.I.E.C.	Suicide Information and Education Center, 201, 1615 - 10 Avenue S.W., Calgary, Alberta, Canada, T2N 2A4. Telephone (403) 245-3900.
Soc. Abstracts	*Sociological Abstracts*, Sociological Abstracts Inc., P.O. Box 22206, San Diego, CA, USA 92122-0206. Telephone (619) 565-6603.

Materials may be available from other sources, or directly from the author. The single most important source of all information listed in this Kit is the local library. Through the inter-library loan services, material may be obtained from technical and university libraries across the country. In many cases materials may be obtained through the address for the author, project, clearinghouse or publisher included with most entries. This procedure is recommended when seeking brochures, pamphlets, reports, educational materials and other such literature.

2.1 Annotated Bibliography

(1)	Author(s):	Alberta Committee on Children and Youth.
	Title:	Suicide is the second leading cause of death among teenagers in Alberta.
	Source:	What you should know about Alberta children and their families...the dark side, Committee on Children and Youth, Edmonton, 107-8, 1982.
	Format:	book (chapter)
	Address:	Committee on Children and Youth, Edmonton, AB, Canada.
	Level:	II

Two pages of a report about Alberta children and families offer a basic introduction to the nature and statistics of suicide in Alberta. Emphasis is placed upon suicide among adolescents and native youth. Pictorials display the increase between 1951-1976 of Albertan suicides and teenage suicides by geographical area. Causative factors are suggested.

(S.I.E.C.)

(2)	Author(s):	Alberta Department of Education.
	Title:	Understanding depression and suicide. Student booklet.
	Source:	Alberta Dept. of Education. Special Educational Branch, 1987.
	Format:	booklet
	Address:	Alberta Department of Education, Edmonton, AB, Canada.
	Level:	I

This booklet was developed to provide students with some basic information on suicide. It describes the symptoms of depression and discusses the relationship between depression and suicide. Several important warning signs which may indicate that a person is considering suicide are presented, including physical, emotional, and behavioral signs. Myths and truths about suicide are examined. Fifteen general guidelines are provided to assist the student in dealing with such a situation. A general list of persons who might be able to provide suicide intervention is given and a list of re agencies is included.

(ERIC)

(3)	Author(s):	Allen, B.P.
	Title:	Youth suicide.
	Source:	Adolescence, 22(86): 271-90, Summer 1987.

	Format:	journal article
	Address:	Allen, Western Illinois University, Macomb, IL, USA, 61455.
	Level:	III

The literature on youth suicide (ages 15-24) is surveyed for the period 1980-1985. Emphasis is placed on general determinants of suicide, predictors in the form of psychological tests, precipitating events (immediate causes), and signs — clues that may signify impending attempts at self-destruction. Suggestions for prevention, and limitations of research on suicide are offered.

(Medline)

(4)	Author(s):	Alonso - Fernndez, Francisco.
	Title:	Conducta suicida en la adolescencia (un ensayo de penetración comprenseva en las estadistricas). [Suicidal behavior in adolescence: An attempt at comprehensive penetration via statistics].
	Source:	Psicopatologia, Vol 5(2): 147-159, Apr-Jun 1985.
	Format:	journal article
	Address:	U Complutense de Madrid, Madrid, Spain.
	Level:	III

Presents statistical data on adolescent suicide, and describes the existential basis for adolescent suicidal behavior and the elements necessary for prevention of adolescent suicide. Adolescents generally have a larger number of suicide attempts but a smaller number of completed suicides than do other age groups. Etiological factors in adolescent suicide include lack of self-identity and estrangement from the adult world.

(Psych Abstract)

(5)	Author(s):	American Association of Suicidology.
	Title:	Suicide prevention and crisis intervention agencies in the United States.
	Source:	American Association of Suicidology, 1985.
	Format:	booklet
	Address:	American Association of Suicidology, 2459 S. Ash, Denver, CO, USA, 80222.
	Level:	II

A list of names and addresses of suicide prevention and crisis intervention agencies in the United States. Entries are listed alphabetically by state and town.

(6) Author(s): Andriolo, K.R.

Title: Masked suicide.

Source: International Congress for Suicide Prevention and Crisis Intervention (13th), Vienna, Austria, 5p, 1985.

Format: manuscript

Level: III

The author describes self-destructive behavior among primitive peoples, giving an example of "masked suicide" among the Crow Indians. A member of the tribe who wished to die would announce this wish in a ritual form and seek out death in combat, taking risks that would ensure death. His actions were accepted and praised by tribe members. (S.I.E.C.)

(7) Author(s): Armstrong, S.

Title: Reason to live: A special report on youth suicide.

Source: Canadian Living, 12(3): 39-51, Mar 12, 1987.

Format: journal article

Address: Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: I

This general article discusses youth suicide from Canadian perspective, the report includes some brief case histories, reviews the warning signs and make suggestions about how a person can help. Article concludes with interviews with Solursh, Tanney, Joffe on commonly posed questions on youth suicide. A video of the same name is also available. (S.I.E.C.)

(8) Author(s): Bagley, C.R.

Title: Suicide and careless death in young males: Ecological study of an aboriginal population in Canada.

Source: Manual, 2p, 1987.

Format: manuscript

Address: Suicide Information and Education Centre, Suite 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: II

Dr. Bagley's study of native male suicide reveals higher rates of suicide than those reported by the Alberta Medical Examiner's office. Using a broad category of "suicide and careless deaths", the author examined files of males 15 to 34 for the years 1980-1984. This category included both suicides and cases of apparent suicide. A correlation analysis of

rates for 26 reserves found correlations between suicide and careless death and northern latitude, low incomes, and isolation from urban areas.

(S.I.E.C.)

(9)

Author(s):	Bagley, Christopher.
Title:	Child abuse by the child welfare system.
Source:	Journal of Child Care, Vol 2(3): 63-69, Apr 1985.
Format:	journal article
Address:	Bagley, U Calgary, Faculty of Social Welfare, Calgary, AB, Canada.
Level:	II

Presents the case of a Native American child who killed himself after 13 yrs as a ward of the Canadian Government under the care and supervision of the child welfare system and several foster parents. An autobiographical account of the child's experiences within the child welfare system is presented, and the case is discussed as an example of the failure of the child welfare system to provide proper care to meet the needs of children under supervision.

(Psych Abstract)

(10)

Author(s):	Barnes, R.A., Ennis, J.
Title:	Assessing and managing the suicidal patient.
Source:	Modern Medicine in Canada, Vol 40(5): 450a - 450h.
Format:	journal article
Address:	Barnes, S.H.A.R.E. Program, Department of Psychiatry, Toronto General Hospital, Toronto, ON, Canada.
Level:	III

Many suicidal patients are actually ambivalent about their intents, and most (80%) seek professional help before attempting to kill themselves. Attempted suicides are usually an impulsive act and represent a bid to hurt someone. Suicide rates have remained fairly steady during the last century, but since the 1950s, more people between the ages of 20 and 40 years have committed suicide. Contributing factors include recent loss or stress and social isolation. Physicians should be aware of the risk of suicide or self-harm in patients who appear depressed or are experiencing an emotionally difficult period. A good rapport between physician and patient can often reduce the immediate risk of a suicide attempt. In the treatment of the suicidal patient, the most important factor is a supportive and encouraging relationship between doctor and patient. Openness and a nonjudgmental attitude on the part of the physician may lead to success.

(Journal Synopsis)

(11)

Author(s):	Beck, Aaron T.; Resnik, Harvey L.P.; Lettieri, Dan J.
Title:	The prediction of suicide.
Source:	The Charles Press Publishers, Inc., Bowie, USA, 1974: Library #HV6545 p.7, ISBN 0-913486-13-2
Format:	book
Address:	The Charles Press Publishers, Inc., Bowie, MD, USA, 20715.
Level:	III

A collection of articles by several renowned authorities in the field of suicidology: this book focuses on the development of an accurate tool to assist in the prediction of suicide. The task of suicide classification is outlined and placed in a historical and philosophical perspective by Joseph Zublin. A scheme for classifying suicidal behaviours is given by Alex D. Pokorny and the development of suicide intent scales is examined by Aaron T. Beck, Dan Schuyler and Ira Herman. A group of articles discuss basic research issues in suicide prevention: the challenge of suicide prediction (James C. Diggory), demographic versus clinical prediction (David Lester), variables in assessing suicide risk (Jerome A. Motto), mood (R.C.B. Aitken), clinical identification of suicide risk (George E. Murphy), socio-clinical scales for certifying mode of death (Dan J. Littieri and Alexis M. Nehemkis) and prediction models for suicidal behaviours (Robert E. Litman, Norman L. Farberow, Carl I. Wold and Timothy R. Brown). The results of research indicates that the cause and prediction is both complex and uncertain and further research is needed to enable a distinction to be drawn between those who exhibit suicidal behaviour, those who attempt suicide and those who complete it. Further articles deal with suicide prediction scales and their applications: suicidal death prediction scales (Dan J. Lettieri), Risk - rescue rating (Avery Weisman and J.W. Worden), toxicology of commonly used suicidal drugs (Robert S. Sterling - Smith) and a rating scale for suicide prevention (William W.K. Zung).

(12)

Author(s):	Beck, Aaron T.; Rush, John A.; Shaw, Brian F.; Emery, Gary.
Title:	Cognitive therapy of depression.
Source:	The Guilford Press, New York, USA, 1979: Library #RC537.C63, ISBN 0-89862-000-7.
Format:	book
Address:	The Guilford Press, New York, NY, USA.
Level:	III

Cognitive therapy is described as "an active, directive, time-limited structured approach to treat a variety of psychiatric disorders (for example depression, anxiety, phobias, pain problems, etc..based on an underlying theoretical rational that an individuals affect and behaviour are largely determined by the way in which he structures [his view of] the world." An overview of cognitive therapy for depression is provided before the subject is

examined in greater detail. The authors then provide comprehensive information on the use of cognitive therapy for the treatment of depression including: the role of emotions in cognitive therapy, the general nature of therapeutic collaboration, the structure of the therapeutic interview, the initial interview, typical treatment process, the use of behavioral techniques, cognitive techniques, major symptoms for focus during therapy, specific techniques and interview methods for depressed suicidal patients, use of patient "homework", technical problems including those related to termination and relapse, group cognitive therapy and outcome studies of cognitive therapy. An appendix provides various materials and technical aids referred to in the text.

(13)

Author(s):	Berent, Irving.
Title:	The algebra of suicide.
Source:	Human Sciences Press, Inc., New York, 1981: Library No. HV6545.B42, ISBN 0-89885-006-1.
Format:	book
Address:	Human Sciences Press, Inc., 72 Fifth Avenue, New York, NY, USA, 10011.
Level:	II

The suicidal person wants to be rescued, making the role of the rescuer important in determining suicidal potential. Statistics may give rise to the misconception that attempted suicide is different from completed suicide. This perception is not true. Suicide potential is related to several factors. The stronger a person's motivation for suicide, the greater his her suicidal potential. Though the suicidal person may deny a wish to be rescued, suicidal potential decreases as the rescuer's availability increases. This availability is composed of two components: the suicidal person's perception of it and the actual or outer "real" world availability. The perception of availability is influenced by factors of drug and alcohol abuse, depression, etc. The outer "real" world availability is affected by factors such as the suicidal person/s behaviour and his/her reaction to rescue attempts. The warning signs may be sensed by the potential rescuer but denied only to resurface later as guilt and possible suicide behaviour that may be passed along to succeeding generations. The suicidal person needs immediate reassurances that he/she is not a monster. He/she must be kept alive as time is needed, either through hospitalization or therapy, to allow him/her to reevaluate circumstances. The book closes with an address to suicidal persons.

(14)

Author(s):	Berglund, M., Krantz, P.; and Lundqvist, G.
Title:	Suicide in alcoholism. A prospective study of 55 cases with autopsy findings.
Source:	Acta Psychiatr Scand, 76(4): 381-5, Oct 1987.
Format:	journal article

Address: Berglund, Department of Forensic Medicine, University Hospital, Lund, Sweden.

Level: III

In a previous paper we reported prospective ratings for 88 alcoholic suicides. At the initial admission they had more often signs of peptic ulcer, depression, dysphoria and brittleness than other alcoholics. In 55 of these alcoholics an autopsy was performed at the Department of Forensic Medicine, University Hospital, Lund. In 37 cases the blood alcohol level was measured (at time of death). Alcoholics with brittleness had more often blood alcohol levels over 0.1% than others, and alcoholics with dysphoria more often negative tests even if the suicide generally was associated with previous drinking. Concerning the blood alcohol level alcoholics with peptic ulcer did not differ from the others. Alcoholics with initial depression had more often previous suicide attempts. Twenty (36%) of the alcoholics had experienced a personal loss during the year preceding the suicide. The possible implications of the findings for suicide prevention strategies is discussed.

(Medline)

(15) Author(s): Berlin, I.

Title: Suicide among Native Americans.

Source: Annual Meeting of the American Association of Suicidology (19th), Atlanta, GA, USA, 1986.

Format: cassette

Address: Suicide Information and Education Centre (S.I.E.C.), 201 1615-10 Avenue S.W., Calgary, AB, Canada, T3C 0J7.

Level: III

Although self-destructive behaviour is a major problem for some North American Indian tribes, it is not a universal problem. The more traditional tribes, with strong religious and government leaders, and intact extended family systems have fewer mental health problems and fewer suicides. Dr. Berlin provides statistics on suicide among differing populations and in particular, among those who have attended Anglo boarding schools. Critical cultural factors related to suicide are discussed.

(S.I.E.C.)

(16) Author(s): Berlin, I. (Chesapeake Audio/Video Communications, Inc. (producer).

Title: Suicide among Native Americans.

Source: Annual Meeting of the American Association of Suicidology, 19th: Atlanta 1986.

Format: audiovisual

Address: Suicide Information & Education Centre, Suite 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: II

Although self-destructive behavior is a major problem for some North American Indian tribes, it is not a universal problem. The more traditional tribes, with strong religious and governmental leaders, and intact extended family systems have fewer mental health problems and fewer suicides. Dr. berlin provides statistics on suicide among differing populations and in particular, among those who have attended Anglo boarding schools. Critical cultural factors related to suicide are discussed.

(S.I.E.C.)

(17) Author(s): Berlin, I.N.

Title: Prevention of emotional problems among Native American children: Overview of developmental issues.

Source: Journal of Preventive Psychiatry, Vol 1(3): 319-330, 1982.

Format: journal article

Level: III

The Native-American child's achievement of developmental tasks may be seriously interfered with by the depression and alcoholism of maturing adults. Conflict between Anglo and Native cultures makes intervention difficult, but constructive changes can be made by teaching problem-solving approaches early in the learning process. Involvement of adolescents in learning about child development and teaching Native paraprofessionals techniques of early intervention can have positive effects.

(S.I.E.C.)

(18) Author(s): Berlin, I.N.

Title: Suicide among American Indian adolescents: An overview.

Source: Suicide and Life-Threatening behaviour, Vol 17(3): 218-32, Fall 1987.

Format: journal article

Level: III

Presents an overview of suicide among American Indian adolescents including such considerations as alcoholism, family problems, psychosocial aspects of suicide, risk indicators, stress and community education on suicide.

(19) Author(s) Berlin, Irving N.

Title: Prevention of adolescent suicide among some Native American tribes.

Source: Adolescent Psychiatry, Vol 12: 77-93, 1985.

Format: journal article

Address: Berlin, U New Mexico School of Medicine, Div. of Child Adolescent Psychiatry, Albuquerque, NM, USA.

Level: II

Reviews data on the frequency of suicide among Native Americans (NAs) and suggests that for many tribes and pueblos suicide has greatly increased. Alcoholism, drug abuse, solvent abuse, single-parent families, child abuse and neglect, spouse abuse, violent death through auto abuse and neglect, spouse abuse, violent death through auto accidents, and death through violence among peers quarreling while under the influence of alcohol have also increased greatly among young people in these communities. Suicide is completed primarily among males, and suicide attempts occur mostly among females. Discussed are sociocultural factors related to NA adolescent suicide; developmental issues in suicides and suicide attempts; and problems in NA infants, preschool children, school-aged children, and adolescents. Intervention efforts that are being tried with NA populations are also described. It is argued that prevention of NA suicide depends on recognizing high-risk infants, children, and adolescents and providing them with help and nurturance in a tribally accepted way. A key factor in prevention and intervention is the recognition that tribal authorities must not only sanction each program but also enable respected elders to become involved in these programs.

(Psych Abstract)

(20) Author(s): Berlin, Irving N.

Title: Suicide among American Indian adolescents. Some facts about the rising rate of suicide among American Indian adolescents; information on causes and warning signs; and examples of effective efforts and prevention resources.

Source: Children's Bureau (DI+HS/OHS), Washington, D.C., Mar 1984.

Format: booklet

Level: I

Suicide among American Indian adolescents has increased by almost 1000% over the past 20 years to become, as in Anglo society, the second most frequent cause of death in the 10 to 20 year old age group. The two major causes of adolescent suicide are acute stress and chronic depression. Environmental factors contributing to American Indian suicides include breakdown of tribal tradition, lack of effective role models, having alcoholic parents, coming from a broken home, too early married, failure to learn in school, unemployment, group contagion phenomenon, and anniversary reaction phenomenon (following the example of a parent or relative who has suicided). Where suicide rates remain low, particularly in the Southwest, tribes tend to be more traditional in their daily living, and opportunities for employment and education exist within the tribal community. Effective efforts to reduce the American Indian adolescent suicide rate require tribal sanction, involvement of tribal elders, and recognition of each tribe's particular

traditional attitudes. Measures that have been successful include use of elders to stay with arrested adolescents, suicide prevention centers, high school programs for pregnant adolescents, first offender programs, early intervention prevention programs, identifying at-risk adolescents, and at-risk adolescents trained as counselors. A list of resources and programs available to American Indian tribes is provided.

(NEC)

(21)

Author(s): Berman, Alan L.

Title: Indian suicide, The Duck Valley Reservation.

Source: Nevada Public Affairs Review. Social Problems: Nevada's Solutions, Number 1, 1980.

Format: pamphlet

Level: II

Examination of data between 1949 and 1978 indicates that the suicide rate of the Duck Valley Indian Reservation is approximately 12 times the National rate. Duck Valley, located in an isolated area of northern Nevada has a population of approximately 1000 people which consists of two tribal groups: Paiute and Shoshone. The economy of the area is farm-based, unemployment is high and residents are highly dependent upon government assistance. The lack of strong and directed local leadership stems from ethnic, governmental and historical factors and has caused residents to remain highly dependent upon government initiatives. Factors for the high suicide rate in Duck Valley appear to be linked with the high incidence of alcohol abuse and apparent lack of community and ethnic pride. The suicide rate may be higher than estimated, since many fatal automobile accidents are believed to result from suicide. For young adults the suicide rate is twice that of the area and males are ten times more likely to complete suicide than females, though both sexes have equal likelihood of attempting suicide. The area has few facilities to deal with the suicide and alcohol problems since police, medical and community facilities are understaffed and the existing staff is not trained to handle these problems. The author makes concrete recommendations about services and facilities neede in the area to address both the root causes of the problems as well as the problems themselves.

(22)

Author(s): Blackstock, E.G.

Title: Suicide statistics in perspective.

Source: 8p, 1986.

Format: manuscript

Address: Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: III

The author of this report questions the accuracy of suicide statistics. He states that factors such as under and over-reporting of rates, lumping together of rates of different

jurisdictions and age groups, and inaccurate reporting of changes in rates, can all distort suicide statistics. He stresses that more rigorous examination of suicide rates is necessary, and inspects the suicide rates for Ontario residents. He provides this data in table and graph form and hopes that other jurisdictions will follow.

(S.I.E.C.)

(23)

Author(s):	Blanchard, J.D.; Blanchard, E.L.; Roll, S.
Title:	A psychological autopsy of an Indian adolescent suicide with implications for community services.
Source:	Suicide and Life-Threatening Behavior, Vol 6(1): 3-10, Spr 1976.
Format:	journal article
Level:	III

This psychological autopsy of the suicidal death of an adolescent Indian boy includes a brief family background, a history of his difficulties, and a report of psychological evaluation. There is an attempt to understand the societal and familial factors that seem to have predisposed him to commit suicide. The report includes an analysis of the resources currently available in Indian communities and a recommendation for the kinds of resources that might prevent suicide in this setting.

(24)

Author(s):	Blumenthal, S.J.
Title:	Suicide: A guide to risk factors, assessment, and treatment of suicidal patients.
Source:	Med Clin North America, 72(4): 937-71, Jul 1988.
Format:	journal article
Address:	Blumenthal, Behavioral Medicine Program, National Institute of Mental Health, Rockville, MD, USA.
Level:	II

This article summarizes what is known about risk factors for suicide in both adolescent and adult populations. It also translates this knowledge base into practical considerations for the physician on the assessment and treatment of suicidal patients. Since most patients who commit suicide have seen a physician in the weeks to month prior to their deaths, and many kill themselves with medications prescribed by their doctors, the physician's early detection and treatment of suicidal behaviours and associated psychiatric disorders in his or her patients becomes a major suicide prevention strategy.

(Medline)

(25) Author(s): Boldt, Menno.

Title: A systematic and integrated interagency model for providing coordinated and comprehensive suicide prevention services.

Source: Crisis, Vol 6(2): 106-118, Oct 1985.

Format: journal article

Address: Boldt, U Lethbridge, Lethbridge, AB, Canada.

Level: II

Describes a model of suicide prevention and its component programs developed in the Province of Alberta, Canada. In this model, outreach, education and training, research and fund-raising functions are carried out within the framework of a systematically integrated and coordinated multi-agency network. The emphasis is on enhancing the capabilities and resources of existing agencies to collectively provide comprehensive suicide prevention, intervention, and postintervention services. Various components of the model include the Community Interagency Suicide Prevention Program, the Suicide Information and Education Centre, the Suicide Prevention Training Program, the Native Suicide Prevention Training Program, and a proposed suicide research institute. Early indications, although inconclusive, suggest the model may be effective in reducing suicide rates.

(Psych Abstract)

(26) Author(s): Boldt, Menno

Title: Towards the development of a systematic approach to suicide prevention: The Alberta Model.

Source: Canada's Mental Health, Vol 33(2): 2-4, Jun 1985.

Format: journal article

Address: Boldt, Department of Sociology, University Hall, U Lethbridge, 4401 University Drive, Lethbridge, AB, T1K 3M4.

Level: II

The author outlines a model recently adopted by the Province of Alberta to provide suicide prevention, intervention and postvention services. Based on the proposals of a Provincial Task Force, the model features interrelated programs of outreach, education and training, research, and fund-raising. It is designed to make use of community resources in an efficient and coordinated manner, attacking the problem on several fronts.

(27) Author(s): Boldt, Menno.; Jarvis, G.

Title: Native Indian mortality study: A prospective study of Indian mortality in nine Alberta Indian constituencies.

Source: not available, 1978.

Format: manuscript

Level: III

This prospective study of Indian mortality was carried out during the period Sep. 1976-Sep. 1977, and involved nine Indian and Metis constituencies in Alberta. Data was collected on 163 deaths of persons of Native Indian origin. 72% were treaty Indians, mostly from the Blood, Samson, and Blackfoot bands. 62% were males, and the average age at death was much younger than the white population. 11.3% of all deaths were suicides. 7 of the 17 suicides had made previous attempts.

(S.I.E.C.)

(28) Author(s): Bonner, Ronald L.; Rich, Alexander R.

Title: Toward a predictive model of suicidal ideation and behavior: Some preliminary data in college students.

Source: Suicide and Life-Threatening Behavior, Vol 17(1): 50-63, Spr 1987.

Format: journal article

Level: III

Examined the relationship of various interpersonal, emotional, and cognitive variables to suicidal ideation and behavior in college students. Used self-report measures of life stress, faulty cognitions, loneliness, depression, hopelessness, family cohesiveness, adaptive reasons for living and suicidal ideation and behavior. Developed a predictive equation for suicidal behavior comparing Social/Emotional Alienation, Cognitive Distortions, and Deficient Adaptive Resources.

(ERIC)

(29) Author(s): Brant, C.C.

Title: Suicide in the North American Indian: Causes and prevention.

Source: Proceedings of the King's College Conference, London, ON, Canada, 175-184, 1986.

Format: manuscript

Level: III

Examines the causes of and prevention implications for suicide among Canadian Indians from a theoretical perspective: Includes such factors as cultural differences and socioeconomic status.

(30)

Author(s): Brown, Brenda H.

Title: Adolescent suicide: An educator's guide.

Source: 1987.

Format: manuscript

Address: Brown, Washington County Board of Education, Hagerstown, MD, USA.

Level: II

Intended for use as part of an inservice program, this guide was designed to provide insight into adolescent suicide and to serve as a reference tool. It begins with an overview of suicide, citing society's desensitization to death, rapid changes in society, success codes, and the disappearance of the extended family as factors in the increase of adolescent suicides. Suicidal signs and symptoms are explored in the next section and several high-risk student behaviors are listed: depression, school problems, substance abuse, radical change in lifestyle or behavior, sudden happiness, uncharacteristic promiscuity, verbal threats, death themes in student's art, music, etc., previous suicide attempts, unusual purchases, and giving away possessions. The analogy of a trip is made to help educators gain information from a potentially suicidal student. Several suggestions for dealing with suicidal adolescents are given. A philosophical reason for suicide is included and the thought processes involved are listed. Prevention and intervention are addressed and charts are included to illustrate plans of action. Suggestions are also given for what to do and how to respond when a student's suicide attempt is successful. The need for educators to take care of themselves and their feelings when working with suicidal students is emphasized. References are included.

(ERIC)

(31)

Author(s): Brown, J.M., Cornish, J.

Title: Suicide and attempted suicide: Legal issues.

Source: Canadian Journal of Psychiatry, 31(2): 101-103, Mar 1986.

Format: journal article

Address: Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: II

Canadian Federal and Ontario Provincial statutes are reviewed as they relate to suicide and attempted suicide. Issues addressed include involuntary committal to psychiatric facilitates, death by suicide as a legal cause of action, insurance exclusionary clauses and coroner's inquests.

(S.I.E.C.)

(32)

Author(s): Bryant, T.

Title: Suicide among Native American youth.

Source: National Conference on Youth Suicide, Washington, DC, USA, 35-61, 1985.

Format: manuscript

Level: III

Examines suicide among Native American Youth in terms of economic implications.

(33) Author(s): Bulletin of Suicidology.

Title: Suicide among the Blackfeet Indians.

Source: Bulletin of Suicidology, No. 7, 42-3, Fall 1970.

Format: journal article

Level: II

Relates general information about crisis centres for Blackfeet Indians.

(34) Author(s): Calhoun, Lawrence G.; Selby, James W.; Abernathy, Carol B.

Title: Suicidal death: Social reactions to bereaved survivors.

Source: The Journal of Psychology, Vol 116: 255-261, 1984.

Format: journal article

Level: II

The present investigation examined the reactions of persons to specific individuals who have actually experienced suicidal bereavement. Persons who knew another who had experienced bereavement following a suicidal death were interviewed and their responses were compared with those of persons who knew others bereaved as a result of accident and as a result of natural causes. The impact of the cause of death suggest that suicide is perceived as a more difficult type of death with which to cope; interactions with survivors of suicidal death are seen as somewhat more stressful. The cause of death may have less of an impact on reactions to the bereaved than research has suggested when the focus is on responses of persons who actually know the survivors.

(Journal Summary)

(35) Author(s): Canadian Mental Health Association.

Title: Suicide.

Source: Canadian Mental Health Association.

Format: booklet

Address: Canadian Mental Health Association National Office, 2160 Yonge Street, Toronto, ON, Canada, M4S 2Z3.

Level: I

Suicide is more common than people realize as it is one of the 10 leading causes of death in North America and the second most frequent cause of death among young Canadians between the ages of 15 and 30. It is also known that for every successful suicide there are several unsuccessful attempts. The many myths about suicide must be laid to rest so that the true facts may be known. Because every human life is precious and suicide leaves a trail of tragedy, a suicidal crisis is a cry for help which must be heeded. There are four types of suicide crisis: (1) Impulsive suicidal behaviour; (2) Feelings that life is no longer worth living; (3) Very serious illness, and; (4) "Communication" [through] suicide attempts. Suicide may be prevented if the clues [warning signs] are heeded. These clues include repeated talk of death or suicide threats, planning for death or absence and signs of depression. Help may be found from the family doctor, crisis intervention centre, psychiatrist, psychiatric facilities, religious counsellors and social agencies.

(36) Author(s): Capuzzi, Dave.

Title: Counseling and intervention strategies for adolescent suicide prevention.

Source: 1988.

Format: booklet

Address: ERIC Clearinghouse on Counseling and Personnel Services, Ann Arbor, MI, USA.

Level: II

This monograph concerns the issue of adolescent suicide and discusses counseling and intervention techniques to prevent suicide among teenagers. Fourteen myths and misconceptions about suicide are explained. A profile of a potential suicide attempter is presented, and issues of behavioral indications, verbal cues, motivations and cognitive distortions, depression, and personality traits are discussed. The rationale for choosing a cognitive-behaviourial approach to counseling aimed at preventing adolescent suicide is given and six intervention strategies are suggested. Six components of school-based suicide prevention programs which must be in place for the adolescent at-risk population are identified: (1) district and building level administrative support; (2) faculty/staff inservice on the topic of adolescent suicide; (3) parent education on adolescent suicide; (4) classroom presentations for all adolescents; (5) preparation of core teams; and (6) options for individual and group counseling. Crisis management is considered and questions useful in assessing lethality are posed. Crisis management interventions are discussed, postvention is described, and follow-up counseling or therapy is recommended. References are included which can provide further information on the topic of counseling and intervention strategies for working with adolescents at risk for suicide. (ERIC)

(37) Author(s): Chandrasena, R.

Title: Suicide among immigrants: A comparative study.

Source: Annual Meeting of the Canadian Psychiatric Association, (36th Vancouver): 12p, 1986.

Format: manuscript

Address: Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: III

Immigrants at high risk for suicide are primarily East Europeans who emigrated for economic or family reasons, female, aged 40-50, socially isolated, university educated but unemployed, have a psychiatric history, and usually successful in their first attempt. These are the findings based on a study carried out at the Royal Ottawa Hospital and 3 provincial psychiatric hospitals in NOrth Bay Brockville, and St. Thomas, involving case histories of 23 immigrant inpatients and a control group of Canadians.

(S.I.E.C.)

(38) Author(s): Chandrasena, R.D.

Title: Suicide among immigrant psychiatric patients in Canada.

Source: 5p, 1987.

Format: manuscript

Address: Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: III

This study was conducted at the Royal Ottawa Hospital, an acute care psychiatric facility, and 3 provincial psychiatric hospitals in Ontario — North Bay, Brockville, and St. Thomas. Case records were reviewed for all deaths among both inpatients and outpatients. 94 native-born suicides were compared with 23 immigrant suicides. Unemployment, lack of a support network, and social isolation were cited as conditions predisposing immigrant suicide.

(S.I.E.C.)

(39) Author(s): Chiles, John A.; Strosohl, Kirk; Cowden, Lisa; Graham, Robert and Linehan, Marsha.

Title: The 24 Hours before hospitalization: factors related to suicide attempting.

Source: Suicide and Life-Threatening Behavior, Vol 16(3): 335-342, Fall 1986.

Format: journal article

Address: Chiles, Department of Psychiatry and Behavioral Sciences, U Washington, Seattle, WA, USA, 98195.

Level: III

Fifty-nine psychiatric inpatients were interviewed concerning the psychological and environmental events that occurred in the 24 hours prior to their hospitalization. Independent raters than performed a content evaluation of these accounts, allowing for comparisons among patients admitted for a suicide attempt, suicide ideation, or nonsuicide-related complaints. Results showed that suicide attempters were more likely to have used alcohol or marijuana and less likely to have contacted a health care professional than suicide ideators, even when past history of suicide behavior was controlled for. Suicide ideators were more likely to have contacted a mental health professional. Implications for suicide assessment and intervention are discussed.

(Journal Abstract)

(40)

Author(s):	Civerra Murello, Jos) M.; Dueñas, M.; de las Heras, J. & Martin M.
Title:	Intervención en la conducta suicida. [Intervention in suicidal behavior].
Source:	Psicopatología, Vol 5(2): 171-180, Apr-Jun 1985.
Format:	journal article
Address:	Civerra, Hosp. clínico Universitario de San Carlos, Madrid, Spain.
Level:	III

Outlines a comprehensive strategy for the prevention of suicide and describes the functioning of suicide prevention centers. As primary prevention, mental hygiene programs are proposed, with special interventions for high risk groups (youth, psychiatric patients, and deprived elderly persons). As secondary prevention, special training in the diagnosis and treatment of suicidal patients is proposed for general practitioners and emergency room personnel.

(Psych Abstract)

(41)

Author(s):	Clements, Colleen D. et al.
Title:	Suicide: Bad act or good intervention.
Source:	Suicide and Life-Threatening Behavior, Vol. 13(1): 28-41, Spr 1983.
Format:	journal article
Level:	III

Develops a different perspective on the ethics of suicide, based on theoretical and clinical grounds. Suggests the need to shift from a search for an ethical statement about suicide (e.g. "rational suicide") to the ethical justification for intervention based on the needs and interests of an affirming therapeutic profession.

(ERIC)

(42) Author(s): Clements, Colleen D.; Bonacci, David; Yerevanian, Boghos; Privitera, Michael; Heehne, Lynn.

Title: Assessment of suicide risk in patients with personality disorder and major affective diagnosis.

Source: Quality Review Bulletin, May 1985.

Format: journal article.

Level: III

The article reviews information about 9 patients who committed suicide within a few days of release from hospital where they were undergoing treatment for borderline personality disorder and major depression. It suggests that the patient's perception of the personality disorder should not be ignored; family and job stress are factors in these suicides; hospitalization may have adverse effects on some patients and; an incongruity exists between the staffs perception and the patients subjective sense of his/her condition. A task force study of the situation resulted in specific recommendations concerning patient transfer, family therapy, discharge planning and assessment of risk.

(43) Author(s): Clum, George A.

Title: The case against suicide prevention: Comment.

Source: American Psychologist, 42(9): 883-85, Sep 1987.

Format: journal article

Address: Clum, Virginia Polytechnic Inst & State University, Blacksburg, VA, USA, 24061.

Level: III

Comments on the article by T. Szasz (see PA, Vol 73:27453) advocating against coercive suicide prevention. The present author argues that suicidal behavior is often temporary, and as such warrants temporary restraint. He argues that treatment may reduce the danger of suicide, but inaction will not. He further maintains that Szasz overestimates the legal threat facing professionals who assume responsibility for suicidal persons.

(Psych Abstract)

(44) Author(s): Cochran, Kent Scott (East Texas State University).

Title: Adolescent suicide and the role of the school as seen by secondary school principals.

Source: Dissertation, East Texas State University, 1986: Order #DA8613081.

Format: dissertation

Level: III

Purpose of the Study: The study sought to determine the importance of actions which could be and are being taken by secondary school principals to help reduce the incidence of adolescent suicide. The study also identified areas of training deemed important in dealing with potential suicide victims. Procedure: A questionnaire was developed, validated, and sent to all 193 secondary school principals in the East Texas School Study Council. The variables considered included incidence of suicide or suicide attempt, level of school, and school size. Findings: (1) Schools appeared to be rather reluctant to address the sensitive issue of suicide in school board policy, with only 7 percent reporting a policy. (2) All components of a suicide program were rated as important, yet even the highest rated components were operational in less than half of the schools. (3) Principals indicated that parents of a potentially suicidal student should be notified. (4) Principals appeared to be aware of the availability of the linkages which were available to schools which might be helpful in dealing with the adolescent suicide problem. (5) Principals felt counseling should include both students and teachers. (6) The variables of suicide or suicide attempt level of school, and school size had little effect on items of a school suicide program. Conclusions: (1) Suicide programs were seen as a school-wide effort involving all professional school personnel, including the principal (2) Principals seemed somewhat reluctant to involve students and non-professional staff in identifying potentially suicidal students (3) Counselors were seen as the most helpful professional in dealing with a high risk student (4) Principals did not think the issue of a possible suicide should be taken lightly (5) Principals were interested in being better informed and equipped to deal with adolescent suicide problem, especially in the area of warning signs of suicidal students and in developing school policy which addresses suicide.

(Dissertation Abstract)

(45)

Author(s):	Collins, J.P.
Title:	A suicide seminar - Peigan Indian Reservation.
Source:	Peigan Reserve, 1-50, Jul 1983.
Format:	manuscript
Address:	Peigan Reserve, Brocket, AB, Canada
Level:	II

This manuscript covers resource materials used at a workshop on the Peigan Reserve at Brocket, Alberta. The workshop was designed for professional people working in alcoholism counselling, social services, health care and rehabilitation. The focus was on knowledge, attitudes and the skills required for dealing with suicidal people.

(S.I.E.C.)

(46)

Author(s):	Committee on Sudden Adolescent Death (COSAD).
Title:	Teenage suicide: prevention intervention response — A handbook for schools.
Source:	COSAD and Four Winds Hospital, 1984.
Address:	Four Winds Hospital, 800 Cross River Rd., Katonah, NY, USA, 10536.

Format: handbook

Level: II

A handbook designed as a resource package for schools to permit the skillful handling of a sudden adolescent death. A collection of four articles containing an overview of adolescent suicide, discussion of adolescent suicide prevention programs, suggested responses by the school in the aftermath of a sudden adolescent death and recommendations for dealing with the media. Also included is an extensive list of professional and curriculum resources for all age levels which lists relevant journal articles, audiovisual materials and books that cover all facets of death and dying.

(47) Author(s): Concerned Citizens Committee.

Title: While people sleep: Sudden deaths in Kenora Area.

Source: Grand Council Treaty No 3, Kenora, Ontario, Canada, 32p, 1973.

Format: pamphlet

Level: I

This is a study of sudden deaths among the Indian people in the Kenora region of Ontario with emphasis on apparent alcohol involvement. The report is a result of research conducted by the Concerned Citizens Committee in 1973.

(S.I.E.C.)

(48) Author(s): Congress of the U.S., Washington, D.C., House Committee on Education and Labor.

Title: Hearing on Youth Suicide Prevention Act of 1985. Hearings before the Subcommittee on Elementary, Secondary and Vocational Education of the Committee on Education and Labour, House of Representatives, ninety-ninth congress, first session on H.R. 1099 and H.R. 1894 to make grants available for teenage suicide prevention programs. (Washington, DC, September 10, 1985 and Yonkers, NY, October 21, 1985).

Source: Congress of the U.S., Washington, DC, 1986: serial no. 99-56.

Format: report

Level: III

This document contains the texts of two Congressional hearings examining youth suicide, youth suicide prevention, and the appropriate role of the federal government. The texts of two bills are included: H.R. 1099 which would require the Secretary of Education to establish a grant program to assist local educational agencies in operating

school-based teenage suicide prevention programs; and H.R. 1894, which would establish a commission for the study of youth suicide and a program of grants for suicide prevention programs within the Department of Health and Human Services. Congressmen Ackerman and Lantos presented these bills and they discuss the problem of youth suicide. Statements by Congressmen Hawkins and DioGuardi are given. Witness from the first hearing include Charlotte Ross, president, Youth Suicide National Center; Debra Meckley, National Association of Social Workers; Fred Wyatt, student; and John Carswell, Child Welfare League of America. The text of the second hearing contains statements by Congressman Biaggi, Ackerman, and DioGuardi, and testimonies from (1) Alfred DelBello, chairman, National Community of Youth Suicide Prevention; (2) Stephen J. Friedman, deputy commissioner, Westchester County Department of Community Mental Health; (3) George Cohen, American Association for Counseling Development; (4) Beth Comey, peer leader, White Plains School District; (5) Ann Kliman, Center for Preventive Psychiatry; (6) Ethel Rosally, Yonkers Board of Education; and (7) Louise Latty, New York City Board of Education. Prepared statements and other materials submitted for the record are included. (ERIC)

(49)

Author(s): Congress of the U.S., Washington, DC, House Committee on Education and Labor.

Title: Youth Suicide Prevention Act Report together with supplemental views to accompany H.R. 4650. From the committee on Education and Labor, House of Representatives, ninety-ninth congress, second session.

Source: Congress of the U.S., Washington, DC, July 14, 1986: Report No. - House-R-99-667.

Format: report

Level: III

This document presents a report and supplemental views from the House of Representatives Committee on Education and Labor concerning H.R. 4650, The Youth Suicide Prevention Act. An amendment to the bill is provided and a brief summary of the purpose of the Youth Suicide Prevention Act is given. Legislative background and consideration of the bill is reviewed and the need for the legislation is discussed. A section explaining the bill notes that the Youth Suicide Prevention Act establishes a discretionary grant program in the U.S. Department of Education to assist local educational agencies and private nonprofit organizations in establishing and operating youth suicide prevention programs. Other sections of this report address the issues of oversight, cost estimate, and inflationary impact of the Youth Suicide Prevention Act. A section-by-section analysis of the Act is provided and changes in existing law made by the new bill are explained. A supplemental view on the Youth Suicide Prevention Act by Bill Gooding is also included.

(50) Author(s): Congress of the U.S., Washington, DC, House Select Committee on Aging.

Title: Suicide and suicide prevention. A briefing by the subcommittee on Human Services of the Select Committee on Aging. House of Representatives, ninety-eight congress, second session (November 1, 1984, San Francisco, CA).

Source: Congress of the U.S., Washington, DC, 1985: Report No. House-Common-Pub-98-497.

Format: report

Level: III

This document presents the transcripts of a Congressional hearing called to bring attention to the growing problem of suicide. The opening statement of Representative Tom Lantos is presented. Prepared statements of 16 witnesses are provided, including psychotherapists from the Houston International Hospital; a mother and a father of teenage suicide victims; representatives from several suicide prevention centers in California; the executive officer, American Association of Suicidology; a student at the University of California; a representative of the California State Department of Education; a representative of a member of Congress from California; the director of the Cindy Smallwood Foundation, Program on Quasi-Morticide, California; the director of pupil personnel and guidance, Oakland California Public Schools; the head of the Suicide Research Unit, National Institute of Mental Health; and a diplomate in clinical psychology from the Menniger Foundation. Topics covered include the prevalence of suicide among teens, the need for public awareness, establishment of a national centralized computer bank on suicide, prevention of adolescent and adult suicide, and suicide in the black community.

(ERIC)

(51) Author(s): Congress of the U.S., Washington, DC, House Select Committee on Children Youth and Families.

Title: Native American children, youth and families. Part 3. Hearing before the Select Committee on Children, Youth and Families. House of Representatives, ninety-ninth congress, second session (Albuquerque, NM, January 10, 1986).

Source: Congress of the U.S., Washington, DC, 1986.

Format: report

Address: Superintendent of Documents, Congressional Sales Office, U.S. Government Printing Office, Washington, DC, USA, 20402.

Level: III

As part of a week-long investigation into conditions among Native American families and children, the House of Representatives Select Committee on Children, Youth, and Families met to hear testimony from tribal leaders, parents, young adults, and service providers from reservations and pueblos in New Mexico and Colorado. Topics include unemployment and its effect on the family; housing, sewer, and electricity shortages; a tribally-run school that acts as a base for a comprehensive array of youth and adult services; and foster care and child welfare services. Numerous speakers address the link between alcohol abuse and family problems including Fetal Alcohol Syndrome. Teenage students from the Southern Ute Tribe (Colorado) discuss a program they initiated to encourage fellow students to remain drug and alcohol free. The report includes transcription of the hearing proceedings, numerous prepared statements from tribal organizations, and articles on issues such as adolescent suicide at an Indian reservation, health of Native American women, childhood injuries in a Native American community, and the epidemiology of Fetal Alcohol Syndrome among American Indians of the Southwest.

(ERIC)

(52)

Author(s):	Congress of the U.S., Washington, DC, Senate Committee on the Judiciary.
Title:	Federal role in addressing the tragedy of youth suicide. Hearing before the subcommittee on juvenile justice of the committee on the judiciary. United States Senate, ninety-ninth congress, first session on current federal research and prevention efforts and the role of the office of juvenile justice and delinquency prevention in youth suicide.
Source:	Congress of the U.S., Washington, DC, April 30, 1985: Report No -Senate-Hrg-99-250.
Format:	report
Level:	III

This document provides witnesses' testimonies and prepared statements from a Congressional hearing on the roles of the federal government and of the Juvenile Justice and Delinquency Prevention Office in preventing youth suicides. Opening statements are included from four Senate committee members and statements are given by the Assistant Secretary for Human Development Services of the Department of Health and Human Services, and by the Deputy Director for Special Projects and the Chief of the Suicide Research Unit from the National Institute of Mental Health. Testimony is also included from the president of the American Association of Suicidology, the cochairperson of the National Committee for Youth Suicide Prevention, and the director of the Youth Suicide and Crisis Prevention Center of San Mateo County, California. The incidence of youth suicides, its possible causes, and ways of identifying possible victims are discussed. Suggestions are made for recognizing suicidal youth and for reaching out to prevent suicide on individual, community, and national levels. Current research efforts are detailed and allocation of additional funding for research is urged. Legislation declaring June 1985 as Youth Suicide Prevention Month is included. The seriousness of the problem and the

need for national attention to and programs for the problem are emphasized throughout this document.

(ERIC)

(53) Author(s): Congress of the U.S., Washington, DC, Senate Committee on the Judiciary.

Title: Teenage suicide. Hearing before the Subcommittee on Juvenile Justice of the Committee on the Judiciary. United States Senate, ninety-eighth congress, second session an oversight on the factors that may lead to teenage suicide and what may be done to prevent the tragedy. (Oct 3, 1984).

Source: Congress of the U.S., Washington, DC, 1985: Report No. - Senate-Hrg-98-1262.

Format: report

Level: III

This document contains transcripts of witness testimony and prepared statements from the Congressional hearing called to examine the issue of teenage suicide. Testimony is focused on the factors that may lead to teenage suicide, what might be done to prevent these deaths, what the federal government is currently doing in this area, and what action the federal government might take to expand its activities. Witnesses include the parents of a teenage boy who committed suicide, and a mother and her teenage daughter who attempted to commit suicide. Factors leading to this suicide and attempted suicide are discussed and personal experiences are related. Other witnesses include the criminal district attorney for Collin County, Texas, where 11 teenage suicides occurred in 2 years. The president of the American Association of Suicidology, and the coordinator for School Social Work Services in Fairfax, Virginia who describes the Adolescent Suicidal Prevention Program in that county, also testified. Included in the appendix are a letter from Andrew C. Teter to the subcommittee; the article "Adolescent Suicide and the Classroom Teacher" (McKenry, Tishler, and Christman) from the Journal of School Health, March, 1980; the California Senate Bill No. 947-Schools: Youth Suicide Prevention School Programs; and the article "Suicide in Adolescence: Prevention and Treatment" by Norman L. Faberow in "The Adolescent Mood and Disturbance", Golombek and Garfinkel, International Universities Press, 1983.

(ERIC)

(54) Author(s): Conrad, Rex D.; Kahn, Marvin, W.

Title: An epidemiological study of suicide and attempted suicide among the Papago Indians.

Source: American Journal of Psychiatry, Vol. 131(1): 69-72, Jan 1974.

Format: journal article

Address: Conrad, U Arizona, Tucson, AZ, USA, 85721.

Level: III

An epidemiological study of suicide among the Papago Indians of the desert Southwest was conducted over a three-year period. Data gathered from several sources showed that this tribe's suicide rate exceeded that for the nation but was not as high as rates reported for other tribes. Most of the suicide victims were young men who had problems with alcohol. Papagos who lived on the reservation were found to complete suicide less often than their urban counterparts.

(Journal Abstract)

(55)

Author(s): Cook, Brian L.

Title: Suicide: A social enigma or an opportunity for further development in prevention?

Source: New Directions for Mental Health Services, No. 23, 59-69, Sep 1984.

Format: journal article

Address: Cook, U Iowa Hosps & Clinics, Iowa City, IA, USA.

Level: III

Reviews the literature on clinical and biological variables that may serve as suicide risk factors. It is contended that any such review must also consider the methods and extent of suicide ascertainment, since underreporting can be a major source of bias even in careful studies. The methodology for collection of samples in studies of completed suicides includes obtaining data from coroners' records, records of psychiatric inpatient or outpatient suicides, community-based samples of consecutive suicides encompassing entire geographic areas, and analysis of suicide risk by birth cohort. Biological correlates of suicide and suicidal behavior include biogenic amine markers, EEGs, and genetic data. It is evident that suicide is restricted mainly to the psychiatrically ill, but from a clinical standpoint, this provides no help in predicting suicide because almost all patients seen in psychiatric clinics fit the same description. However, affective-disordered and alcoholic persons are probably at highest risk. Other clinical prediction models include timing clusters, previous attempts, communication of suicidal intent, age, personal and social factors, and biochemical markers. It is noted that suicide among youth is seen increasingly as a disturbing public health problem because it is the third leading cause of death among adolescents. The clinical management of potentially suicidal patients is discussed.

(Psych Abstract)

(56)

Author(s): Cotton, Paul G.; Drake, Robert E.; Gates, Charlene.

Title: Critical treatment issues in suicide among schizophrenics.

Source: Hospital and Community Psychiatry, Vol 36(5): 534-536, May 1985.

Format: journal article

Address: Cotton, Pembroke Hospital, MA, USA.

Level: III

Discusses critical issues in the treatment of suicidal schizophrenics based on interviews with 20 therapists who had provided psychotherapy for a schizophrenic patient who committed suicide. The issues examined are as follows: assessing the patient's self-esteem, appreciating the protective function of psychosis, differentiating between an inability and an unwillingness to function, sharing the burden of despair, monitoring familial relationships, and dealing with the loss of a therapist. A profile of the characteristics of suicidal schizophrenics is presented. Findings indicate the need for a protective and supportive therapeutic approach as opposed to a high-expectations approach.

(Psych Abstract)

(57)

Author(s):	Crockett, A.W.
Title:	Patterns of consultation and parasuicide.
Source:	Gr Med J [Clin Res], 295(6596): 476-8, Aug 22, 1987.
Format:	journal article
Address:	Not available.
Level:	III

Parasuicide is common; its treatment depends on its prevention, which in turn depends on accurate identification of those at risk. When the rates of consultation and the number of prescriptions issued each year for patients who had survived parasuicide were compared with those for controls matched for age and sex the patients who had survived parasuicide were found to have attended much more frequently; their pattern of attendance had accelerated up to the time of the attempt and then decelerated. This variation was not seen in the control group. The number of prescriptions received per visit was static in both groups at all times. General practitioners should regard more frequent attendance by patients who already attend often as indicating that those patients are at risk of parasuicide.

(Medline)

(58)

Author(s):	Cummings, P. J.
Title:	Suicides at Hobbema, April 30, 1976 to October 31, 1977.
Source:	Hobbema Health Centre, Alberta, Canada.
Format:	manuscript
Address:	Hobbema Health Centre, AB, Canada.
Level:	III

P. J. Cummings, Nurse in Charge, Hobbema Health Centre, relates the circumstances surrounding attempted and completed suicides occurring on the reserve during the period Apr. 30/76 - Oct. 31/77. Significant findings were failure to use counselling services, excessive substance abuse, family history of suicide, school drop out, unemployment,

and family problems. The author makes recommendations for intervention in all areas of social concern.

(S.I.E.C.)

(59)

Author(s): Cutler, R.; Morrison, N.

Title: Sudden death: A study of characteristics of victims and events leading to sudden death in British Columbia with primary emphasis on apparent alcohol involvement and Indian sudden death.

Source: Alcoholism Foundation of British Columbia, 70p, 1971.

Format: report

Level: III

This is a comprehensive study of sudden death, alcohol involvement and Indian sudden death in the Province of British Columbia. Section headings include sample characteristics, alcohol involvement in sudden death, alcohol involvement in accidental death and a comparison of Indian and non-Indian sudden death: alcohol involvement and other characteristics.

(S.I.E.C.)

(60)

Author(s): Cutter, Fred

Title: Suicidal elders: Recognition and management.

Source: Clinical Gerontologists, Vol 2(4): 66-68, Summer 1984.

Format: journal article

Address: Cutter, VA Medical Center, Sepulveda, CA, USA.

Level: III

Contends that a distinction must be made between high-risk and acutely self-injurious people when considering suicide in the elderly. Regardless of age, the planning and choice of method for self-injury behavior is overdetermined by previous experience. High-risk criteria for the elderly include people who live alone and are male. Although the elderly always have the right to refuse treatment, professionals may intervene when the victim attempts to hurt him/herself in the presence of the professional and when the victim is distraught. It is concluded that while death with dignity can be supported by health professionals, impulsive and distress-motivated impulses toward self-injury require intervention.

(Psych Abstract)

(61)

Author(s): Dasef, Stephen S.

Title: Active suicide intervention by a campus health service: operation and rationale.

Source: Journal of American College Health, Vol 33(3): 118-122, Dec 1984.

Format: journal article

Level: III

Describes the developmental health service actively concerned with suicide intervention. Primary prevention programs emphasized ties with other agencies to facilitate referrals. Secondary prevention programs actively encouraged the suicidal student to participate in psychotherapy, and where appropriate, enlisted family involvement. Four illustrative case studies are described. During the 2-yr period studied, there was a definite decline in the rate of suicide on campus. A theoretical rationale is provided for an active approach to the problem of premature death among young adults.

(Psych Abstract)

(62) Author(s): Dauphinee, D.; Wainman, G.

Title: Shocking suicide rate blamed on rural crisis.

Source: Farm and Country, 50(13): 42-43, Apr 1986.

Format: journal article

Address: Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: I

An article from the April 22, 1986, edition of Farm and Country quotes a government report prepared by agricultural economist Earl Haslett, which reveals that more than one-third of the accidents and violent deaths on Ontario farms are suicide.

(S.I.E.C.)

(63) Author(s): Davenport, J.A.; Davenport, J.

Title: Native American suicide: A Durkheimian analysis.

Source: Social Casework: the Journal of Contemporary Social Work, 68: 533-539, Nov 1987.

Format: journal article

Address: Suicide Information and Education Centre, Suite 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: III

The professional literature and the author's practice experience are used to develop practice and policy recommendations with regard to suicide among Native Americans. Culture sensitive psychological techniques should be applied together with community and social development.

(S.I.E.C.)

(64)

Author(s): Davis, John M.

Title: Suicide crisis in schools.

Source: School Psychology Review, Vol. 14(3): 313-324, 1985.

Format: journal article

Address: Davis, Kaiser Hospital, San Rafael, CA, USA.

Level: III

Discusses suicide among youths in terms of incidence, underlying theory, and strategies for intervention. Theory is discussed with reference to suicidal typologies, a cognitive-developmental perspective, and the dynamics of suicide. Areas of intervention focus on indicators of suicide, suicidal evaluation, postevaluation options, and primary prevention. Data on suicides according to sex and race and on suicide methods according to sex for the 15-24 yr old age group are presented.

(Psych Abstract)

(65)

Author(s): Davis, Patricia A.

Title: Suicidal adolescents.

Source: Charles C. Thomas Publisher, Springfield, 1983: Library No. HV6546.D39, 1983, ISBN 0-398-04866-5.

Format: book

Address: Charles C. Thomas Publisher, 2600 South First Street, Springfield, IL, USA, 62717.

Level: I

Adolescent suicide in the United States is viewed as a "national tragedy". The number of adolescent suicides continues to grow, making suicide the second leading cause of death for this age group. Historically, there has been a wide range of attitudes to suicide; however, the predominant attitude today is one of disapproval. The lack of comprehensive resource literature about the topic has motivated the author to provide such a resource for caregivers, parents, and others in contact with adolescents. This resource strives not only to increase awareness about the problem but to permit recognition of and to suggest responses to adolescent suicidal behaviour. Motivation and causes of such behaviour are examined and the prodromal clues (warning signs) of suicidal behaviour and treatment options are reviewed. The processes of prevention, intervention and postvention are discussed and a list of recommendations for those who live or work with adolescents is provided.

(66)

Author(s): Delisle, Jim.

Title: Striking out: Suicide and the gifted adolescent.

Source: Gifted Child Today (GCT), 11(1): 41-44, Jan-Feb 1988.

Format: journal article

Address: Not available.

Level: II

This reprinted 1982 article with a 1988 update describes how the emotional and social development of gifted adolescents often lags behind their academic aptitudes. Difficulties with peers, emotional isolation, and fear of failure can lead to suicide. Preventive steps include respect, awareness, tolerance, and participation by parents and teachers.

(ERIC)

(67) Author(s): Dempsy, Richard A.

Title: Adolescent suicide. The trauma of adolescent suicide. A time for special leadership of secondary school principals.

Source: National Association of Secondary School Principals, 1986.

Format: booklet

Address: National Association of Secondary School Principals, 1904 Association, Dr. Reston, VA USA, 22091.

Level: II

This monograph was written to help principals and other school personnel explore the issues of adolescent suicide and its prevention. Chapter 1 presents statistics on the incidence of adolescent suicides and suicide attempts. Chapter 2, Causes of Suicide, revises developmental tasks of adolescence, lists several contributors to adolescent suicide, and examines two of the most prevalent causes — depression and the loss of a parent — in more depth. Eight myths about suicide are discussed in Chapter 3. Chapter 4 describes warning signs under the categories of verbal clues, behavioral clues, and situational clues. Ten critical questions to ask a student are suggested for school personnel who notice suicide warning signs in a student. Chapter 5 addresses the issue of alienation from the family as a possible contributor to adolescent suicide. Chapter 6 focuses on prevention and describes the functions of a school Crisis Resource Team and an Adolescent Study Team, both composed of various school personnel. Staff awareness, parent programs, health programs, and the student role are also explored. Chapter 7 suggests ways for schools to respond to a suicide, focusing on the role of the principal. The final chapter addresses the psychological impact of an adolescent suicide on a principal.

(ERIC)

(68) Author(s): Deptartment of Indian and Northern Affairs Canada.

Title: Indian conditions: A survey.

Source: Dept. of Indian and Northern Affairs, 18-19.

Format: pamphlet

Address: Dept. of Indian and Northern Affairs, Ottawa, ON, Canada.

Level: I

The number of Indian deaths due to suicide per 100,000 population is almost 3 times the national rate. Suicides account for 35 percent of accidental deaths in the 15-24 age group and 21 percent in the 25-34 age group. Graphs include national and Indian rates by age group for 1977.

(S.I.E.C.)

(69) Author(s): Devereux, G.

Title: Funeral suicide and the Mohave social structure.

Source: Bulletin of the History of Medicine Vol 11: 522-542, 1942.

Format: journal article

Level: III

A case history showing cultural differences of the Mohave with respect to concepts of death and bereavement after suicide.

(70) Author(s): Devereux, G.

Title: Mohave ethnopsychiatry and suicide: The psychiatric knowledge and the psychic disturbances of an Indian tribe.

Source: U.S. Government Printing Office, Washington, DC, 488p, 1961.

Format: book

Address: U.S. Government Printing Office, Washington, DC, USA.

Level: III

This is the first systematic study of the psychiatric theories and practices of a primitive tribe. Data was collected from the Mohave Indians during field trips in 1932-33, 1936 and 1938, and brief visits up to 1950. Part 7 of this lengthy study is about suicide and is presented in 6 chapters: The theoretical framework; psychosomatic suicide, social suicide; vicarious suicide; funeral suicide; and active suicide.

(S.I.E.C.)

(71) Author(s): Dew, Mary Amanda; Bromet, Evelyn J.; Brent, David; Greenhouse, Joel B.

Title: A quantitative literature review of the effectiveness of suicide prevention centers.

	Source:	Journal of Consulting and Clinical Psychology, Vol 55(2): 239-244, Apr 1987.
	Format:	journal article
	Address:	Dew, U Pittsburgh, Pittsburgh, PA, USA.
	Level:	III

Applied meta-analysis to several series of studies to evaluate the effectiveness of prevention centers. Results indicate that centers do attract a high-risk population; center clients were more likely to commit suicide than were members of the general population, and individuals who committed suicide were more likely to have been clients than were members of the general population.

(Journal Abstract)

(72)	Author(s):	Diekstra, Rene F.W.
	Title:	Suicide and suicide attempts in the European Economic Community: An analysis of trends with special emphasis upon trends among the young.
	Source:	Suicide and Life-Threatening Behavior, Vol 15(1): 27-42, Spr 1985.
	Format:	journal article
	Address:	Diekstra, State U Leiden, 2313 AV Netherlands.
	Level:	III

Explains the increase in adolescent suicidal behavior reported for most countries in the European Economic Community over the last two decades, within the framework of a social learning theory. A topology of suicidal acts based on an outcome-expectancy model is proposed.

(ERIC)

(73)	Author(s):	Diekstra, Rene F.W.
	Title:	The significance of Nico Speijer's suicide: How and when should suicide be prevented?
	Source:	Suicide and Life-Threatening Behavior, Vol 16(1): 13-15, Spr 1986.
	Format:	journal article
	Level:	II

Recounts the suicide of Nico Speijer, the "grand old man" of suicidology in the Netherlands. Contends that his case is related to ethical issues in suicide prevention. Offers a set of criteria by which to decide when suicide should not necessarily be prevented, nor its helpers punished by law.

(ERIC)

(74) Author(s): Dingman, C.W.; McGlashan, T.H.

Title: Characteristics of patients with serious suicidal intentions who ultimately commit suicide.

Source: Hospital Community Psychiatry, 39(3): 295-9, Mar 1988.

Format: journal article

Address: Dingman, Chestnut Lodge Hospital, Rockville, MD, USA, 20850.

Level: III

Patients in a long-term follow-up study who had made a serious suicide threat or attempt before admission were further studied to determine if there were characteristics that discriminated between those who ultimately committed suicide and those who did not. The results showed that patients who committed suicide were more likely to have a DSM-III axis I diagnosis, to be male, and to be discharged against medical advice. Those alive at follow-up were more likely to have a borderline personality disorder, to be female, impulsive, and self-mutilating, to be discharged with medical advice, and to have a healthier postdischarge course.

(Medline)

(75) Author(s): Dizmang, L. H.

Title: Suicide among the Cheyenne Indians.

Source: Bulletin of Suicidology, 8-11, Jul 1967.

Format: journal article

Level: III

Discusses suicide among the Cheyenne Indians with reference to cultural differences, violence and gatekeepers.

(76) Author(s): Dizmang, L. H.; Swenson, D.D.

Title: Suicide among the American Indians: Two workshops.

Source: U.S. Government Printing Office, Washington, DC, 34p, 1967.

Format: book

Address: U.S. Government Printing Office, Washington, DC, USA.

Level: III

An account of two workshops about suicide among American Indians. The workshops were conducted in Montana and South Dakota and covered various facets of suicide.

(77) Author(s): Dizmang, Larry H.; Watson, Jane; May, Philip A.; Bapp, John.

Title: Adolescent suicide at an Indian Reservation.

Source: American Journal of Orthopsychiatry, Vol 44(1): 43-49, Jan 1974.

Format: journal article

Level: II

The background of ten American Indians who committed suicide before the age of twenty-five are compared statistically with a matched control group from the same tribe. The contrast is significant in at least six variables that point to the greater individual and familial disruption experienced by the suicidal youths. Suggestions for treatment and prevention based on the experience of this tribe are offered.

(Psych Abstract)

(78) Author(s): Doka, Kenneth.

Title: The crumbling taboo: The rise of death education.

Source: Directions for Student Services, No. 31, 85-95, Sep 1985.

Format: journal article

Level: III

Reviews the expansion of death education in the university, the relaxation of cultural taboos concerning the discussion of death, and the increasing professionalization of death education. The positive impact of death education is described in terms of helping students deal with the death of significant others, reducing anxieties concerning death, and assisting in suicide prevention. The value of integrating death education with other course work and with student services is discussed.

(Psych Abstract)

(79) Author(s): Drake, Robert E.; Gates, Charlene; Cotton, Paul G.; Whitaker, Anne

Title: Suicide among schizophrenics: Who is at risk?

Source: The Journal of Nervous and Mental Disease, Vol 172(10): 613-617, Oct 1984.

Format: journal article

Address: Drake, Dartmouth Medical School, Hanover, NH, USA.

Level: III

Schizophrenic patients are at high risk for suicide. Most of the clinical features of the illness which have been associated with suicide remain speculative. This study provides an empirical test of hypothetical risk factors from the literature. Results indicate that

schizophrenic patients who kill themselves have high internalized standards of performance which are often congruent with past educational attainments. They are also realistically aware of the effects of their illness, feel inadequate in relation to their goals, and fear further mental disintegration. Their affect is depressed, and they express hopelessness about the future. Suicidal ideation and explicit suicide threats often precede death. These results can be used to assess suicide risk among schizophrenic patients.

(Journal Abstract)

(80)

Author(s):	Dyck, R.J.
Title:	Towards an understanding of suicide.
Source:	Mennonite Brethren Herald, 26(5): 2-4, Mar 6, 1987.
Format:	journal article
Address:	Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
Level:	I

The article presents general information on personal and sociological factors influencing suicide and clues suggesting suicidal intent. It concludes by stating the importance of the church community to develop an understanding of how to deal with suicide in a positive manner.

(S.I.E.C.)

(81)

Author(s):	Dyck, R.J.; Gordon, B.; and Patterson, D.
Title:	Understanding depression and suicide: Student booklet.
Source:	Government of Alberta Department of Education, 7p. 1987.
Format:	booklet
Address:	Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
Level:	I

This pamphlet, designed for junior high and high school students in Alberta describes the symptoms of depression and physical, emotional and behavioral signs which may indicate that a student is considering suicide. Facts and myths are listed along with a 15 point guideline for helping a person who is suicidal. Local suicide information/prevention a agencies are listed for the province.

(S.I.E.C.)

(82)

Author(s):	Enriquez, Virgilo G.
Title:	Navajo suicide: A multitrait-multilanguage approach to translation equivalence.

	Source:	Philippine Journal of Psychology, Vol 4(1): 70-73, Jun 1971.
	Format:	journal article
	Address:	Enriquez, U Philippines, Quezon City, Philippines.
	Level:	III

English bilingual high school students took both an English and Navajo version of a taped suicide questionnaire taken from M.S. Zaks' Personal Opinion Inventory. The back-translation method was used to maximize content equivalence and to lessen interpretation difficulties. Culturo-linguistic differences were isolated through use of multitrait-multilanguage approach. Construction of a multitrait-multilanguage square matrix provided for a translation equivalence index. Results are analyzed and show the usefulness of this approach.

(Psych Abstract)

(83)	Author(s):	Evans, A.L.
	Title:	Cultural attitudes towards suicide of the aged.
	Source:	12p, 1987.
	Format:	manuscript
	Address:	Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
	Level:	III

Suicidal tendencies in the school system. 1309 students from 2 high schools in the Trois-Rivières region completed questionnaires that solicited personal data and also contained the SPEC and CES-D Dysphora Scale. 18% of the sample were identified as having suicidal tendencies. This subgroup had academic standings similar to non-suicidals but more failures (particularly males); more absenteeism, drop-outs, and disciplinary problems.

(S.I.E.C.)

(84)	Author(s):	Everett, M. W.
	Title:	Pathology in White Mountain Apache culture: A preliminary analysis.
	Source:	Western Canadian Journal of Anthropology, Vol 2(1): 180-203, 1970.
	Format:	journal article
	Level:	III

This study is based on 1969-70 research among White Mountain Apaches of east-central Arizona. The hypothesis that no matter what form of pathological behavior occurs, the response of the affected social system will be either tolerance or intolerance, was

supported. The hypothesis that the degree of disruptiveness or harm created by the act determines society's response was not strongly supported in the case of suicide: the perpetrator cannot be punished, yet he punishes his antagonists.

(S.I.E.C.)

(85)

Author(s):	Farberow, N.L. (editor).
Title:	Suicide in different cultures.
Source:	University Park Press, Baltimore, 1975.
Format:	book
Address:	University Park Press, Baltimore, MD, USA.
Level:	II

Includes a chapter titled "Six American Indian patterns of suicide" (pages 17-33) which discusses cultural differences of American Indians and their effect on suicide rates.

(86)

Author(s):	Federation of Saskatchewan Indian Nations (FSIN): Health and Social Development Commission.
Title:	Suicides, violent and accidental deaths among treaty Indians in Saskatchewan: Analysis and recommendations for change.
Source:	Federation of Saskatchewan Indian Nations: Health and Social Development Commission, C1985.
Format:	report.
Level:	II

This report is the product of the Indian Youth Suicide Project conducted by FSIN in response to a crisis situation faced by Saskatchewan Indian communities (particularly a high rate of Indian youth suicides). It was conducted in two parts: 1) data collection and analysis; 2) planning and implementation of workshops. The aim of the report is to develop a general framework in which to analyze the unique problems and issues and to develop a strategy to overcome them. Focusing on suicide, violent and accidental deaths, the report was developed through the use of a methodology based on participatory research which was implemented through human development workshops. Cultural, institutional (including governmental) and individual racism, both past and present are established as the base of the problems faced by Indians. The resulting political, economic and institutional domination causes Indians to become dependent and to feel out of control of their own lives. It produces a psychosocial impact symptomized by high rates of dependency, incarcerations, family breakdowns, alcohol/drug and substance abuse, etc. Deaths by accidents, violence and suicide are the leading cause of death among Saskatchewan Indians. Suicide is high, particularly among the 15-24 year age group and among males. A general strategy for change is proposed such that Indian people themselves may shape and control their own policies, priorities, programs and services.

A proposal for immediate action includes the implementation of Human Development Workshops.

(87)

Author(s):	Fine, Paul; McIntire, Matilda S.; and Fain, Pamela R.
Title:	Early indicators of self-destruction in childhood and adolescence: A survey of pediatricians and psychiatrists.
Source:	Pediatrics, Vol 77(4): 557-568, Apr 1986.
Format:	journal article
Address:	Fine, U School of Medicine, Omaha, NE, USA.
Level:	III

This paper reports a comparison of pediatricians' and psychiatrists' opinions about screening for children and adolescents at risk for self-destruction. Fifty-nine percent of the members of the Nebraska Chapter of the American Academy of Pediatrics and 69% of the members of the Nebraska District Branch of the American Psychiatric Association completed questionnaires containing selected early indicators for self-destruction and programs for suicide prevention. Principal findings were that pediatricians placed less emphasis than child psychiatrists on major depressive disorder, younger pediatricians placed more emphasis than psychiatrists on psychosocial indicators, physicians from both groups said they usually hospitalize attention-seeking self-destructive children, and pediatricians from smaller communities expressed less confidence in referral to psychiatrists but more confidence in community-based programs. Findings suggest that a small group of children and adolescents at risk for eventual suicide may not be identified as early as the more obvious larger groups of individuals who are accident prone, who ingest toxic substances, and who come from violent families. General indicators of risk for self-destruction include substance abuse, psychosocial problems, and minor depression. Factors indicating more specific risk for suicide include escalating stress, family enmeshment, and major mental illness, particularly major depressive disorder. Postgraduate education instruments for discriminate screening, and balanced programs for suicide prevention are suggested to improve care.

(Journal Abstract)

(88)

Author(s):	Fitchette, B.
Title:	A proposal for delivery of crisis intervention services in the North.
Source:	not available.
Format:	report
Level:	II

A model is proposed for the development of crisis intervention services in northern Ontario communities. Central to the proposal is the idea that concerted efforts are needed to implement a system of mental health services to ensure early detection of suicidal

activity, emergency crisis intervention responses and the implementation of primary efforts aimed at preventing the development of serious mental health problems in the northern population. The scheme employs trained volunteers.

(S.I.E.C.)

(89) Author(s): Fox, J.; Evans, A.L.; Ward, J.A.

Title: Suicide epidemic among Canadian Indians.

Source: not available

Format: manuscript

Level: III

Examines the rate of suicide among Canadian Indians. An in-depth study of a suicide epidemic on the Wikewikong Indian Reserve on Manitoulin Island (Ontario) is presented. The epidemic took place in 1975, when 8 suicides occurred in this community of 3000 residents. Demographics of the victims are examined. All of the victims gave warning of their intent, had questionable work records, tended to be isolates, had little regard for themselves and were unable to communicate feelings.

(S.I.E.C.)

(90) Author(s): Fox, J.; Manitowabi, D.; Ward, J.A.

Title: Five year follow-up on Indian suicide.

Source: not available

Format: manuscript

Level: III

A follow-up study of the 8-suicide epidemic of a Manitoulin Island (Ontario) reserve in 1975. Data from the Chief Coroner's Office indicated a continuing high rate of suicide (27.7/100,000) for the period of 1976-80. Suggestions for intervention include a network of resources made up of health care professionals and social workers, especially those familiar with the language and culture of the native population. Measures that would increase the self-esteem of adolescents are considered essential.

(S.I.E.C.)

(91) Author(s): Fox, Joseph; Manitowabi, D.; Ward, J.A.

Title: An Indian community with a high suicide rate: 5 years after.

Source: Canadian Journal of Psychiatry, Vol 29(5): 425-427, Aug 1984.

Format: journal article

Level: II

Conducted a 5-yr follow-up after a suicide epidemic on the Manitoulin Island Indian Reserve in 1974 and 1975, in which 8 persons (medium age 22 yrs) in a community of 200 died. In the succeeding years, the suicide rate dropped to a tenth of the level of the epidemic and reached the levels for the rest of Manitoulin Island, including the White and Indian populations. There was a corresponding drop in the rate of violent death and of the number of suicide attempts. It is suggested that the multidimensional prevention and intervention measures that were implemented, which included efforts to curtail alcohol abuse and to promote traditional support systems, contributed to a significant improvement in present conditions.

(Psych Abstract)

(92)

Author(s):	Frances, Allen; Clarkin, John F.
Title:	Considering family versus other therapies after a teenager's suicide attempt.
Source:	Hospital and Community Psychiatry, Vol 36(10): 1041-1042 and 1046, Oct 1985.
Format:	journal article
Address:	Allen Frances, M.D., Payne Whitney Psychiatric Clinic, 525-East 68th Street, New York, NY, USA, 10021, USA.
Level:	III

The use of family therapy as opposed to individual or group therapy is discussed with respect to a teenager's attempted suicide. Family therapy is chosen because of the family-based nature of the teenager's problems and her family's ability to respond to such therapy.

(93)

Author(s):	Frederick, C.J. (National Institute of Mental Health).
Title:	Suicide, homicide and alcoholism among American Indians: Guidelines for help.
Source:	National Institute of Mental Health, 1974.
Format:	pamphlet
Address:	National Institute of Mental Health. Centre for Studies of Crime and Delinquency, Bethesda, MD, USA.
Level:	I

Based on workshops held in 1972-73, this is a comprehensive guide to suicidal behaviors among Indians.

(S.I.E.C.)

(94) Author(s): French L.; Hornbuckle, J.

Title: Native women suicides questioned by Carolina Cherokees.

Source: Wassaja, Vol 4(5): 6, May 1976.

Format: journal article

Level: II

Questions female Cherokee suicides.

(95) Author(s): Fujimura, Laura E.; Weis, David M.; and Cochran, John R.

Title: Suicide: Dynamics and implications for counseling.

Source: Journal of Counseling and Development, Vol 63(10): 612-615, Jun 1985.

Format: journal article

Level: II

Discusses the dynamics of suicide, ways to work with potentially suicidal clients in the counseling relationship, and implications, both legal and ethical, for the counselor. Demographic indicators of suicide risk and characteristics of lethality as well as scales to assess lethality during initial counseling sessions are discussed. Counselors are alerted to the increasing suicidal rate among adolescents. It is suggested that most suicides can be prevented and that anyone in the emotional vicinity of suicidal persons, including family members, counselors, and friends, is in a key position to prevent such an act from concurring. Major reasons why suicidal communications are not recognized are discussed. It is argued that it is essential for counselors and other mental health care professionals to be effectively trained and supervised and to be aware of how to appropriately use referral sources.

(Psych Abstract)

(96) Author(s): Fuse, T.

Title: Suicide in Asia and the Near East.

Source: Pacific Affairs, 675-676, Winter 85-86.

Format: journal article

Address: Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: I

Suicide in Alaska and the Near East presents a cross-cultural study of suicidal behavior in the non-western world, and fills a gap in the understanding of suicide, states reviewer Toyomasa Fuse, in this two-page commentary.

(S.I.E.C.)

(97)

Author(s):	Getz, William L.; Allen, David B.; Myers, R. Keith; Linder, Karen C.
Title:	Brief counseling with suicidal persons.
Source:	Lexington Books, Lexington, 1983: Library No. RC569.B74, 1983, ISBN 0-669-04090-8.
Format:	book
Address:	Lexington Books, D.C. Heath and Company, Lexington, MA, USA.
Level:	II

In the post-war United States, there has been a noted increase in suicide among white males over the age of 50 and in adolescents between the ages of 15 and 24. This book strives to acquaint paraprofessionals and volunteers with the resources necessary to conduct brief counselling sessions with suicidal persons. The authors' philosophy is that a person should try to prevent suicide by everything that is in his power to do so. Part one of the book examines theoretical knowledge about suicide, prevention techniques and various suicide-related phenomena. Part two provides structured guidelines for interviews with and treatment of suicidal persons. The third part addresses the special topics of adolescent suicide and of clients who commit suicide. The final part provides verbatim case examples of counselling sessions. Included in the appendix are various evaluation and intervention tools for clinical use.

(98)

Author(s):	Giovacchini, Peter.
Title:	The urge to die: why young people commit suicide.
Source:	Macmillan Publishing Co. Inc., New York, 1981: Library No: HV6546.G56; ISBN 0-02-543440-3.
Format:	book
Address:	Macmillan Publishing Co. Inc., 866 Third Avenue, New York, NY, USA, 10022, 1981.
Level:	I

One of the main topics of this book is the transition from adolescence to adulthood. Problems of adolescence are complex, involving biological, physical, emotional, social and familial factors. Emotional factors develop from childhood and become critical as the adolescent searches for his/her identity. Not yet fully financially or emotionally independent, the adolescent has difficulty dealing with his/her position between childhood and adulthood. In an effort to find a sense of self-worth, the adolescent is often searching

for definite answers but is confronted with only ambiguities. Often the search for his/her own values expresses itself in adolescent rebellion. In some instances he/she comes into competition with parents while at the same time desperately trying to please them. Parental reaction is critical and may unwittingly abet suicidal behaviour. Parents are urged to stay in touch with their adolescent's life and to accept normal rebellion while being aware of the warning signs of suicidal behaviour. The parents should encourage the adolescent to seek his/her own answers to the problems of entering adulthood.

(99)

Author(s):	Glatt, K.M.
Title:	Helpline: Suicide prevention at a suicide site.
Source:	Suicide Life Threatening Behavior, 17(4): 299-309, Winter 1987.
Format:	journal article
Address:	Glatt, Dutchess County Department of Mental Hygiene, Poughkeepsie, NY, USA.
Level:	III

In an effort to reduce the number of suicides from the Mid-Hutson Bridge in Poughkeepsie, New York, the Dutchess County Department of Mental Hygiene and the New York State Bridge Authority jointly established a suicide prevention phone on the bridge, which is directly connected to a 24-hour psychiatric emergency service. This program is the first known one in which a dedicated suicide prevention helpline has been installed at a site of know suicides and linked with a mental health service. After 2 years of operation, the phone has been used 30 times; the data suggest that most would-be jumpers are ambivalent enough about dying that they will reach out for help/contact if the opportunity exists, and, as consequence, can be saved.

(Medline)

(100)

Author(s):	Glatt, Kenneth M.; Sherwood, David W.; and Amisson, Thomas J.
Title:	Telephone helplines at a suicide site.
Source:	Hospital and Community Psychiatry, Vol 37(2): 178-180, Feb 1986.
Format:	journal article
Level:	II

Describes a suicide-prevention program in which dedicated 2-way communication devices, linked directly to a mental health agency, were installed at a bridge known as a site of attempted suicides. System characteristics, the phone response procedure, and an illustrative case report are discussed. Analysis of the 1st yr of operation suggests that the communication system is an effective and legitimate means for a suicide prevention.

(Psych Abstract)

(101)

Author(s):	Gold, D.D. Jr.
Title:	Common suicidal subtypes and their treatment.
Source:	American Family Physician, 35(4): 149-56, Apr 1987.
Format:	journal article
Address:	Gold, University of South Dakota School of Medicine, Sioux Falls, SD, USA.
Level:	III

Self-destructive behaviour is the final pathway for a variety of underlying problems. Because there is such a wide range of diagnostic possibilities in patients who attempt suicide, more precise diagnosis is essential. The often-asked question "Will the patient attempt suicide again?" is insufficient. Rather, an understanding of why the person is unhappy facilitates identification of the suicidal subtype and the necessary therapeutic interventions.

(Medline)

(102)

Author(s):	Goldberg, R.J.
Title:	The assessment of suicide risk in the general hospital.
Source:	Gen Hosp Psychiatry, 9(6): 446-52, Nov 1987.
Format:	journal article
Address:	Goldberg, Department of Psychiatry, Rhode Island Hospital, Providence, RI, USA.
Level:	III

The assessment of suicide risk is a central activity of the general hospital psychiatrist for patients admitted following a suicide attempt and others who are identified after admission as being potentially suicidal. While biologic and psychosocial measures have some long-term predictive value, there is no valid measure to predict acute suicide risk. The lack of a valid measure does not, however, relive the clinician of the obligation to perform an appropriate assessment. Pertinent appellate case law decisions not that the evaluation and record keeping must be "adequate," though no definition for adequate standards is provided. This paper presents issues that are considered so fundamental for suicide assessment that failure to obtain and record such information would potentially constitute inadequate practice. These areas include: the patient's statement regarding current suicidal ideation and planning, the presence or absence of delirium, psychosis and depression, what the patient says it makes sense to do, confirmation by a third party, and global formulation. The guidelines in this paper are presented with the intention of establishing the basis for optional clinical care and for minimizing legal vulnerability in the evaluation of the potentially suicidal patient in the general hospital.

(Medline)

(103) Author(s): Gonzalez Forestier, Tomas,

Title: Attitudes of college students toward suicide.

Source: Dissertation (University of Arizona) 1983: Order No. DA8401263

Format: manuscript

Address: Gonzalez, U Arizona, Tucson, AZ, USA.

Level: III

Attitudes toward suicide have been linked to the way health professionals and lay people behave toward suicidal individuals. In some instances negative attitudes toward suicidal persons seem to have contributed to repeated attempts or to suicide completion. This study examines attitudes held by college students toward suicide, explores whether their attitudes are related to their skills at recognizing therapeutic verbal interventions, and seeks to identify personality variables that might predict attitudes toward suicide as well as skills at recognizing therapeutic interventions.

Three instruments, the Suicide Opinion Questionnaire (SOQ), the Suicide Intervention Response Inventory (SIR), and the California Psychological Inventory (CPI), were administered to 215 volunteer undergraduates (122 male, and 93 females) from introductory psychology classes. Subjects' model age range was 18 to 21 years. Forty-five additional items from the SOQ yielded a total favorableness score for each subject; skills at recognizing suicide intervention responses to imaginary suicide callers was rated by a SIRI score from 0 to 25.

The first hypothesis, that favorableness in attitudes toward suicide would correlate positively with skills at recognizing facilitative suicide intervention responses, was not supported by test data. The second hypothesis was accepted in that both, favorableness in attitudes toward suicide (SOQ scores) and recognition of facilitative intervention responses (SIRI scores), can be predicted from a personality test. SOQ scores were predicted positively by CPI scales Flexibility, and Achievement via Independence, and negatively by Achievement via conformance. SIRI scores were predicted positively by Intellectual efficiency and Dominance, and negatively by Good Impression. The literature identifies flexibility as one of the behaviors of good crisis intervention workers.

An implication from this study is that students showing more flexibility and autonomy are likely to show also more favorableness in attitudes toward suicide. Another implication is that students who are more intelligent and quick at making use of their intellectual abilities, who show initiative, and who have a moderate concern about their impression on others, are more likely to recognize intervention responses that may be helpful to suicidal persons.

(Dissertation Abstracts)

(104) Author(s): Gould, Madelyn S.; Shaffer, David.

Title: The impact of suicide in television movies: Evidence of imitation.

Source: The New England Journal of Medicine, Vol 315(11): 690-694, Sep 1986.

Format: journal article

Level: III

Increasing evidence suggests that imitative behavior may have a role in suicide among teenagers. We studied the variation in the numbers of suicides and attempted suicides by teenagers in the greater New York area two weeks before and two weeks after four fictional films were broadcast on television in the fall and winter of 1984-1985. The mean number of attempts in the two-week periods after the broadcasts (22) was significantly greater than the mean number of attempts before the broadcasts (14; $P<0.05$;), and a significant excess in completed suicides, when compared with the number predicted, was found after three of the broadcasts ($P<0.05$).

We conclude that the results are consistent with the hypothesis that some teenage suicides are imitative and that alternative explanations for the findings, such as increased referrals to hospitals or increased sensitivity to adolescent suicidal behavior on the part of medical examiners or hospital personnel, are unlikely to account for the increase in attempted and completed suicides.

(Journal Abstract)

(105) Author(s): Green, Ben Ezra et. al.

Title: A review of child psychiatric epidemiology with special reference to American Indian and Alaska Native children.

Source: White Cloud Journal of American Indian Alaska Native Mental Health, Vol 2(2): 22-36, 1981.

Format: journal article

Address: White Cloud Center, Gains Hall UOHSC, 840 Southwest Gaines Road, Portland, OR, USA, 97201.

Level: III

Places the limited knowledge of the psychological problems of American Indian and Alaska Native children in context of general child psychiatric epidemiology, using the taxonomy of the American Psychiatric Association's third "Diagnostic and Statistical Manual." Available from: White Cloud Center, Gains Hall UOHSC, 840 Southwest Gaines Road, Portland, Oregon USA, 97201.

(ERIC)

(106) Author(s): Grove, O.; Lynge, J.

Title: Suicide and attempted suicide in Greenland: A controlled study in Nuuk (GODTHAAB).

Source: Acta Psychiatrica Scandinavica, Vol 60(4): 375-391, Oct 1979.

Format: journal article

Level: III

Almost two per thousand of the adult population committed suicide yearly while attempts at suicide were five times as frequent. A quarrelsome, drinking, childhood home background was often found, at least as regards the attempters, who themselves frequently suffered from emotional conflicts with close contacts, alcohol affliction, criminality, and instability at work. Neither bereavement, cross-cultural exposure, broken homes, nor meteorological factors seemed to exert a significant influence. The results are discussed in relation to the social and cultural evolution of the Greenlandic society.

(Journal Abstract)

(107) Author(s): Gutstein, S.E.; Rudd, M.D.; Graham, J.C.; and Rayha, L.L.

Title: Systemic crisis intervention as a response to adolescent crises: An outcome study.

Source: Family Process, 27(2): 201-11, Jun 1988.

Format: journal article

Address: Gutstein, Development and Evaluation, Houston Child Guidance Center, Program, TX, USA.

Level: III

The present study demonstrates the safety and effectiveness of an outpatient program designed to respond to adolescent-precipitated crises by mobilizing and restructuring the family's kinship system. Families of 75 adolescents at risk for hospitalization were followed up to 24 months after treatment with Systemic Crisis Intervention. Measures of offspring and family functioning, suicidal behavior, institutional use, and treatment costs are presented. Results clearly demonstrate the safety, effectiveness, and economic viability of Systemic Crisis Intervention.

(Medline)

(108) Author(s): Haenel, T.

Title: Der Sturz als Mittel zum Suizid-psychodynamische Aspekte. [Jumping as method of suicide: Psychodynamic aspects].

Source: Scchweizer Archiv für Neurologie, Neurochirurgie und Psychiatrie, Vol 136(5): 23-26, 1985.

Format: journal article

Level: III

Discusses the meaning of the suicidal jump or fall from a high place in fairly tales, literature, and history; and examines the psychodynamics of such suicide attempts via 8

case examples. Possibilities for suicide prevention and treatment of those who survive a suicide prevention and treatment of those who survive a suicide attempt are presented.

(Psych Abstract)

(109)

Author(s):	Haile, Penelope J.; Levitt, Lynn.
Title:	Student suicide Reduction: Are the colleges helping?
Source:	Annual Convocation of the Northeastern Educational Research Association, Oct 1984.
Format:	report
Level:	III

Suicide prevention programs and reactions to student suicide or suicide attempts were studied at 21 Long Island, New York, colleges and universities. While none of the colleges had a student suicide on campus from September 1981 through June 1983, one third of these schools have experienced suicide attempts on campus. Although there was a wide variety of counseling services available, few of these services dealt directly and specifically with the issue of student suicide, and little specific training in dealing with student suicide attempts was provided. However, almost two-thirds of the colleges indicated that their counseling staffs had formally discussed suicide and attempted suicide with students. Variations in the number of counselors included: 25 percent of the colleges had no full-time counselors on staff, 29 percent had only one full-time counselor, 30 percent had from 6 to 15 full-time counselors, and 50 percent of the colleges used from 1 to 25 part-time or student counselors. Suggestions for prevention of student suicide include a networking system and changes in availability of counseling services dealing directly with student suicide. The College Counseling Services Questionnaire is appended and six references are listed.

(ERIC)

(110)

Author(s):	Hals, Elaine.
Title:	Suicide prevention.
Source:	Health Education, Vol 16(4): 35-40, Sep-Oct 1985.
Format:	journal article
Level:	II

With adolescents as the most likely victims of suicide, students can become the first line of defense. This article outlines reasons for suicide, warning signs and behaviors, and ways to help Activities that enable students to view suicide as a desperate act which can be understood and prevented are suggested.

(ERIC)

(111)

Author(s):	Hankoff, L.D. (Editor); Einsidler, Bernice (Associate Editor).
Title:	Suicide: Theory and clinical aspects.

Source: PSG Publishing Company Inc., Littleton, 1979: Library No: RC569.S937; ISBN 0-88416-198-6.

Format: book

Address: PSG Publishing Company Inc., Littleton, MA, USA.

Level: II

Starting with a historical overview of suicide in ancient civilizations, the book continues with a survey of contemporary value systems on suicide including the secular, legal, professional and religious views. Possible biological correlates and aspects of suicidal behaviour are examined with respect to physiochemical influences, electroencephalography and self-injury in animals. A view of the motivational, personality and situational factors of suicidal behaviour is provided by several segments about the psychology of suicide. Description of and treatment approaches to special risk groups such as American Indians, the aged and alcohol and other substance abusers receive special emphasis. In conclusion, the techniques and services of mental health and other caregivers, including postoral counselling, are discussed in terms of the management and prevention of suicide.

(112) Author(s): Harvey, Elinor B.; Gazay, Louis; Samuels, Bennett.

Title: Utilization of a psychiatric-social work team in an Alaskan Native secondary boarding school.

Source: Journal of the American Academy of Child Psychiatry, Vol 15(3): 558-574, Summer 1976.

Format: journal article

Address: Harvey, Alaska Region Bureau of Indian Affairs, Mt. Edgecumbe School, Juneau, AK, USA.

Level: II

A review of 5 yrs of psychiatric consultation and social work at an Alaskan secondary board school for Eskimo, Aleut, and Indian students (N = 384) reveals that although the majority of the students came from small homogeneous villages, the majority of "troublesome" students came from larger heterogeneous communities. These students tended to act out while drinking, inhibiting their own and others' educational goals. Students from small villages had problems of equal intensity, but were more apt to exhibit the quieter, more readily recognizable signs of anxiety and depression. In the earlier years of the mental health program or prior to its existence, the students from this group accounted for a number of suicide attempts, now rare occurrences. It is postulated that the students from the larger heterogeneous communities had a diminished sense of identity because of the family move from the small village to larger, mixed communities where the existing population appeared to be well-established. Since these "well-settled" neighbors frequently demonstrated their difficulties in cultural adaptation by alcoholism and semi-delinquent behavior, many newly arrived adolescents identified with the aggressive quality of the behavior. The mental health program is predicated on strengthening identity of students and staff, since staff tend to be models of identification for the students. Results

of the team effort include a marked decrease of the dropout, expulsion, and suicide attempt rates.

(Psych Abstract)

(113)

Author(s):	Hatton, C.L.; McBride, Valente S.
Title:	Suicide assessment and intervention.
Source:	Appleton - Century - Crofts, Connecticut, 175-194, 1984.
Format:	book
Level:	III

Book contains a chapter titled "Suicide counselling and intervention with racial/ethnic minorities" (pages 175-194). Crisis intervention, counselling and cultural differences for minority groups including Blacks, Hispanic and North American Indians are specifically examined in this chapter.

(114)

Author(s):	Havighurst, Robert J.
Title:	The extent and significance of suicide among American Indians today.
Source:	Mental Hygiene, Vol 55(2): 174-177, Apr 1971.
Format:	journal article
Level:	II

Indian suicide rates are closely related to disorganized family life, alcoholism and loss of friends and relatives by death. Young Indian males have suicide rates approximately twice those of young white males. There is much less difference between the suicide rates for Indian and white women.

(Journal Abstract)

(115)

Author(s):	Hayes, P.A.; Prince, M.T.; and Hayes, K.
Title:	The suicidal adolescent.
Source:	ASDC Journal Dent Child, 55(2): 133-6, Mar-Apr 1988.
Format:	journal article
Address:	Hayes, Department of Pediatric Dentistry, Arkansas Children's Hospital, Little Rick, AR, USA.
Level:	III

It is the author's opinion that by educating dentists on the warning signs of suicide and the protocol for managing suspected cases, the tragic deaths of many adolescents may be

prevented. Educational material should be presented in the undergraduate dental curriculum and periodically reinforced in the dental literature and continuing education course. Dentists and their staffs must be constantly alert to warning signs of this ever-increasing problem. Suspected cases should be thoroughly investigated and followed up. (Medline)

(116)

Author(s):	Health and Welfare Canada.
Title:	Suicide prevention among British Columbia Indians: Guideline for helpers.
Source:	Health and Welfare Canada, Ottawa, Ontario, Canada.
Format:	pamphlet
Level:	II

Designed for those who deal with suicide. Reviews typical health problems; role of the family; role of lay workers and professionals; symptoms of depression and self-destructive behaviors; and how to care for counsel the suicidal. Does not take into account the unique culture of Indians. Merely repeats the standard wisdom on these topics.

(117)

Author(s):	Health and Welfare Canada, Saskatchewan Region.
Title:	About suicide...and how you can help prevent it.
Source:	Newsletter: Health Education: Saskatchewan Region, Vol 5: Issue 10, Oct 1985.
Format:	newsletter.
Level:	I

Suicide is the deliberate ending of one's own life and usually occurs when problems seem overwhelming. All kinds of people commit suicide: young and old, rich and poor, male and female, of all races and creeds. A person should know about suicide because he/she may be in a position to stop another person who is considering suicide. In addition to the normal grief and hardship of losing a loved one, the family may experience feelings such as guilt and apprehension and emotions ranging from anger to depression. Though there are many misconceptions about suicide, most people who commit suicide give clues to their intention. The three major ways to help a person who seems to be thinking about suicide are: (1) give active emotional support, (2) encourage positive action aimed at relieving unhappy, troublesome situations, (3) seek professional help.

(118)

Author(s):	Hengeveld, M.W.; Herkhof, A.J.; and van der Wal, J.
Title:	Evaluation of psychiatric consultations with suicide attempters.
Source:	Acta Psychiatr Scand, 77(3): 282-9, Mar 1988.

Format: journal article

Address: Hengeveld, Department of Psychiatry, University Hospital, Leiden, The Netherlands.

Level: III

Diagnosis, management and disposition were evaluated in 120 psychiatric consultations with patients referred to a university hospital following an attempted suicide. Data were registered by hospital nurses and psychiatric consultants, and the patients were extensively interviewed after discharge. Many patients (43%) had been admitted to a psychiatric hospital on previous occasions or at the time of the suicide attempt. In almost one third of the cases, the consultants did not take sufficient interest in the patients' accounts of the last and previous suicide attempts. Their estimation of the reoccurrence of suicidal behaviour had a low predictive value (54%). One fourth to one half of the patients were negative about or not satisfied with the consultation. The compliance with the psychiatric consultants' referrals, however, was very high (79%)./ Although a large group of patients received effective care, the consultants did not pay enough attention to the group of (former) in-patients with recurrent suicidal behaviour. Possible causes and consequences of these findings are discussed.

(Medline)

(119) Author(s): Henry, Phil; Morse Maria.

Title: Teenage suicide: The final cry.

Source: Governor's Advocacy - Council on Children and Youth.

Format: report

Address: Governor's Advocacy Council on Children and Youth, Raleigh, NC, USA.

Level: III

To learn more about the services available to youth at suicide prevention centers in North Carolina, a survey was conducted with 86 mental health and crisis prevention centers. The 16-item questionnaire examined the availability and extent of services offered by the centers, staffing patterns, sources of funding, and percentage of client between the ages of 13 and 24. The results indicated that centers received their funding from federal, state, and local governments, church groups, charitable organizations, or individuals. One facility dedicated 100 percent of its time to suicide prevention/intervention. For other centers the percentage of their services related to suicide prevention ranged from less than 5 percent to 50 percent. Although most centers reported having 24-hour service, other services such as hotlines, referral systems, crisis intervention, crisis housing, medical care, walk-in services, and special programs for adolescents varied extensively among centers. Staffing patterns and the percentage of youth served were both dictated by the size, purpose, and orientation of facilities. This report contains an executive summary, research findings, statistics, and warning signs of potential teenage suicide. The survey questionnaire is included in the appendices and data tables are provided on national and state suicide statistics. The 86 mental health centers in the survey are listed in table form

with center name, address, telephone number, counties served, hours, services offered, and other information given for each center.

(ERIC)

(120)

Author(s):	Henry, Philip N.
Title:	Teenage suicide: Is there a need for public policy in North Carolina?
Source:	ERIC, ED 262-326, 1985.
Format:	manuscript
Address:	ERIC Document Reproduction Service, 3900 Wheeler Ave., Alexandria VA, USA, 22304-5110.
Level:	II

The rapid increase in teenage suicides in the United States in recent years has prompted the establishment of new suicide prevention programs and the revitalization of existing services in many communities. The federal government has taken a number of initiatives to curtail the high rise in teenage suicides and several states have taken legislative initiatives to deal with the problem. In North Carolina, local schools provide group counseling and other structural methods to offset crisis situations, and expose students to health-related problems of teenagers in the comprehensive curriculum. It has been recommended that schools form crisis teams and participate in workshops to train school counselors, teachers, and administrators to observe and detect suicide warning signs. Along with strategies employed by local school systems, North Carolina has several awareness campaigns and training workshops sponsored by various organizations. Research has made available much statistical data about teenage suicide and experts have isolated a number of contributory factors which account for the rise in teenage suicides. Suicidologist believe that the rate of teenage suicides could be significantly decreased if parents, teachers, peers and others working with teenagers were better educated about the problem and more aware of the warning signs. More coordination and leadership are needed from the state level to ensure that efforts at curtailing teenage suicides are maximized.

(ERIC)

(121)

Author(s):	Hess, Allen K.
Title:	The self-imposed death sentence.
Source:	Psychology Today, 21(6): 50-53, June 1987.
Format:	journal article
Address:	Hess, Auburn University, USA.
Level:	III

Suggests that when people are arrested, the authorities are obligated to provide basic standards of care, including mental health services and the prevention of suicide. Six steps are proposed to prevent jailhouse suicides — (1) full acceptance by municipalities of

responsibility for inmates' welfare; (2) municipal budgeting for and inclusion of more mental health personnel and services in jails; (3) mental health training of jail personnel; (4) development and implementation of screening devices to uncover potential suicides; (5) involvement of behavioral scientists in the physical design of jails; and (6) direct, innovative approaches, such as use of trained volunteers to act as crisis counselors.

(Psych Abstract)

(122)

Author(s):	Hill, C.A.; Spector, M.I.
Title:	Natality and mortality of American Indians compared with U.S. whites and nonwhites.
Source:	HSMHA Health Reports, Vol 86(3): 229-246, 1971.
Format:	journal article
Level:	III

One measure for evaluating the health of a population group is statistics derived from vital events data. The vital events experience of Indians and Alaska Natives is emphasized and comparisons are made with those of the total, white and nonwhite population groups in the United States. Additional information about the Indian Health Service program and the Indian and Alaska Native population is included to provide insight into the unique factors that affect their health.

(S.I.E.C.)

(123)

Author(s):	Himmelhoch, J.M.
Title:	Lest treatment abet suicide.
Source:	J Clin Psychiatry, 49 Suppl: 44-54, Dec 1987.
Format:	journal article
Address:	Himmelhoch, Department of Psychiatry, University of Pittsburgh, School of Medicine, Western Psychiatric Institute and Clinic, PA, USA, 15213.
Level:	III

Epidemiologic data have identified risk factors, such as major depressive illness and sedative/alcohol addiction, that can help the clinician detect potentially suicidal persons. Evidence of subtle differences in the pattern of suicidality in bipolar and unipolar depressive illnesses has emerged. Suicide occurs early in unipolar episodes and intensifies along with increasing agitation and worsening melancholic symptoms. In bipolar depressive episodes, suicidality becomes an issue late in the course of a single episode, and illness severity and lethality are progressively aggravated by each affective relapse. Safe, effective treatment for suicide patients is the responsibility of the individual clinician and depends on neuropsychiatric variables, proper therapy, and direct and honest communication between patient and clinician. Adamant avoidance of division of primary clinical responsibility among cooperating specialists and clinician obstinacy when dealing with third parties can help prevent suicides. Early identification of psychosis, sedativism

and subtle organicity are imperative. Pharmacotherapy usually equates to the fastest acting, most effective antidepressant drug, but some patients require electroconvulsive therapy to reduce suicidality. Involvement is the essence of psychotherapy in suicide management.

(Medline)

(124)

Author(s):	Hipple, John; Cimbolic, Peter.
Title:	The counselor and suicide crisis: Diagnosis and intervention.
Source:	Charles C. Thomas, Publisher, Springfield, 1979: Library No: RC569.H56; ISBN 0-398-03872-4.
Format:	book
Address:	Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, IL, USA.
Level:	II

The examination of clinical aspects of suicide counselling provide information about the diagnosis of and intervention in suicidal crisis. Theories and statistics of suicide are discussed with relation to an overview of historical, philosophical and religious perspectives on the topic combined with demographic factors. Various categories of depression are associated with suicide risk levels, making depression a very important emotional factor in suicidal behaviour. The counsellor must first assess the risk of suicide, the magnitude of the suicidal crisis and its duration, then intervene in an appropriate and specific way. Keeping the client alive is the critical task of treatment and therapy 'contracts' with the client are often a constructive option. The counsellor need not act along as family and friends of the client form part of a lifeline that can be identified and enlisted for help. The telephone may also prove to be a useful tool to the counsellor during the suicidal crisis. The counsellor should remain aware of his/her own reaction to suicide and suicidal behaviour, seeking help for his/herself, if required. Among the legal and ethical considerations for the suicidal crisis is the possibility of involuntary hospitalization and the issue of confidentiality. Medical and chemotherapeutic intervention will sustain the client's life in the short term but may not always prove effective in the long term.

(125)

Author(s):	Hislop, T. G. et. al.
Title:	Accidental and intentional violent deaths among British Columbia Native Indians.
Source:	Canadian Journal of Public Health, Vol 78(4): 271-274, Jul-Aug 1987.
Format:	journal article
Level:	III

Accidental and intentional violent deaths among British Columbian Indians are examined with respect to completed suicides, suicide rate, mortality rate and sex differences.

(126)

Author(s):	Hlady, W.G.; Middaugh, J.P.
Title:	Suicides in Alaska: Firearms and alcohol.
Source:	American Journal on Public Health, 78(2): 179-80, Feb 1988.
Format:	journal article
Address:	Hlady, Department of Health and Social Services, State of Alaska, Anchorage, AK, USA 99524-0249.
Level:	III

A manual review of death certificates and autopsy records identified 195 suicides in Alaska during 1983-84. Native males, 20-24 years old, had the highest rate of suicide (257 per 100,000 person-years). Gunshot wounds caused 76 per cent of all suicide deaths; 79 per cent of Native and 48 per cent of White suicides had detectable levels of blood alcohol. Suicide by firearms was weakly associated with blood alcohol levels above 100 mg/dl (odds ratio 1.3, 95 per cent confidence interval 1.11-1.47).

(Medline)

(127)

Author(s):	Hobart, C.
Title:	Psycho-social problems associated with resource development in three northern Native communities.
Source:	Canadian Journal of Community Mental Health, Supplement #1, 73-79, Winter 1983.
Format:	journal article
Level:	III

Analysis of data from three contrasting northern resource developments showed differing patterns of psycho-social stresses on Native populations. The Coppermine and Nanisivik experience indicated that rotation employment was the source of most disruptive impacts; whereas the experiences of Fort MacKay illustrated major negative impacts to communities in close proximity to major resource developments.

(S.I.E.C.)

(128)

Author(s):	Hochkirchen, Bernward; Jilek, Wolfgang.
Title:	Psychosocial dimensions of suicide and parasuicide in Amerindians of the Pacific Northwest.
Source:	Journal of Operational Psychiatry, Vol 16(2): 24-28, 1985.
Format:	journal article

Address: Hochkirchen, Westfälische Welhelms-U Münster, West Germany.

Level: III

Data on self-destructive behavior among Pacific Northwest American Indians were gathered in a 9-mo field study in 3 sites. Statistics were collected in a comprehensive survey of personal injury and by examining hospital, police, church, and community center records. Results show that most of those at risk had lived in a chronic state of dysphoria before they acted in an openly self-destructive way. This dysphoric condition could often be traced back to early adolescence. The clinical features of the dysphoria resembled those of reactive-neurotic depressions. The core of the emotional disturbance seemed to be a cultural identity conflict. Ss voiced expressions of absence of goal directness in life. It is suggested that lacking value orientation and guidance in essential areas of social conduct, they found it difficult to determine meaning in their lives. The role of alcohol in the self-destructive behavior is discussed.

(Psych Abstract)

(129) Author(s): Hodgman, Christopher H.

Title: Recent findings in adolescent depression and suicide.

Source: Journal of Developmental and Behavioral Pediatrics, Vol 6(3): 162-170, Jun 1985.

Format: journal article

Level: III

A review of recent findings in adolescent depression and suicide suggests that although assessment and treatment of depression have made substantial progress, there have been fewer gains in prevention and treatment of suicide. While there has been impressive growth in scientific methodology, particularly in depression, the relative emphases of biology and psychology in assessment and treatment remain unclear and often appear to be a matter of therapists' training. The effects of associated depressive clinical conditions (e.g., eating disorders, substance abuse) largely remain to be defined. But, like depression itself, they often respond to the new biological and psychological treatment methods of demonstrated effectiveness. Compounds are under development that may lessen side effects, and plasma antidepressant measurements are of proven value. It is concluded that in depression and suicide alike, a willingness to confront the problem directly and energetically with the patient and in the laboratory remains primary to successful management. Promising new assessment techniques range from vigorous history taking and the use of questionnaires to biological tests.

(Psych Abstract)

(130) Author(s): Hodson, D.

Title: Native values in a non-Native world: An alienated reality leading to suicide.

Source: not available, 15p, 1986.

Format: manuscript

Level: III

In the past, traditional native values and beliefs encouraged a strong community spirit. Life was lived for the benefit of all and individualism was not encouraged. However, the system of beliefs introduced by the Christian/non-native society prompted many natives to question their traditional beliefs, leading to the erosion of their collective ideals. Hodson states that the resultant feeling of alienation that has persisted through several generations and precipitates self-destructive behavior.

(S.I.E.C.)

(131) Author(s): Hodson, D.

Title: Religious conflict in the Native community.

Source: Living Message, 22-23, Apr 1985.

Format: journal article

Level: I

Two schools of religious thought are striving to capture the hearts and souls of native people caught in indecision. Young people are the most frequent victims. If they followed the Christian lifestyle, they are chastised for not being true to their heritage. If they follow the traditional way they may be ostracized from the white world.

(S.I.E.C.)

(132) Author(s): Hodson, D.

Title: The Native belief system: Explaining suicide.

Source: Proceedings of the King's College Conference, London, Ontario, Canada, 185-192, 1986.

Format: manuscript

Level: III

Uses the Native belief system to explain suicide among North American Indians: Includes such factors as anomie, cultural differences, traditional values and social isolation.

(133) Author(s): Hodson, David.

Title: Lay therapists: A new approach to Native suicide.

Source: The 18th annual conference of the American Association of suicidology, Toronto, Ontario, Canada, (Apr) 1985.

Format: manuscript

Address: Hodson, Director, Native Mental Health Program, P. O. Box 45, Fort Frances, ON, Canada, P9A 3M5.

Level: III

In response to an alarmingly high suicide rate of 65.9 deaths per 100,000 population among the Ojibwa people of the Rainy Lake/Kenora regions of northern Ontario, a new mental health program using Native paraprofessional workers was established in the community. This paper describes and evaluates the Native Mental Health Program, the community response to it and the effectiveness of the services it provides. A battery of standard and imperially derived assessment scales, including the Client Satisfaction Questionnaire (CSQ), the Brief Psychiatric Scale (BPRS) and the Symptom Check List-90 (SCL-90) were used to determine client satisfaction and treatment outcome. Though some of the evaluation procedures may need further refinement for the population, the existing program was deemed to be both successful and worthy of continued government support and development.

(134) Author(s): Hoffmaster, C.B.

Title: Symposium: Suicide: Philosophical, legal, theological and medical issues.

Source: Canadian Journal of Psychiatry, 31(2): 89-90, Mar 1986.

Format: journal article

Address: Suicide Information and Education Centre, Suite 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: II

Presents arguments showing suicide as a rational or an irrational act, illustrating these arguments in the case history of a young female who had made several attempts. Hoffmaster and Swart conclude that the conflict between "...the clinical perspective and the theological, moral, and legal perspectives on suicide is fundamental and largely responsible for the enduring controversy that surrounds it." (p.90). They advise those in the medical profession to be aware of the social climate they work in.

(S.I.E.C.)

(135) Author(s): Hogarty, S.S., Rodaitis, C.M.

Title: A suicide precautions policy for the general hospital.

Source: Journal of Nursing Administration, 17(10): 36-42, Oct 1987.

Format: journal article

Address: Hogarty, Shadyside Hospital, Pittsburgh, PA, USA.

Level: III

Nursing administrators cannot ignore the need for suicide precautions in the general hospital. Though the incidence of suicide might be low, the number of patients at risk remains high. Legal liability for the institution that fails to provide reasonable care can abe considerable. The authors offer a model suicide precautions policy, specifically tailored to the general hospital, and describe procedures for its implementation.

(Medline)

(136)

Author(s):	Holigner, P.C.; Offer, D.; and Zola, M.A.
Title:	A prediction model of suicide among youth.
Source:	Journal of Nervous and Mental Disorders, 176(5): 275-9, May 1988.
Format:	journal article
Address:	Holinger, Department of Psychiatry, Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL, USA, 60612.
Level:	III

Epidemiological relationships were studied between adolescent (ages 15 to 24 years) suicide rates and population shifts among adolescents. Suicide rates among adolescents tripled from 1956 to 1977 and have subsequently levelled off. Increases (and decreases) in adolescent suicide rates corresponded to increases (and decreases, respectively) in the proportion of adolescents in the United States. Opposite trends have been found among older age groups. Projected population fluctuations were used to predict trends in adolescent suicide rates to the year 2000: the current decrease in rates is predicted to continue until the mid-1990s. Recent data indicating a decrease in adolescent suicide rates tend to support the population model hypothesis. The data suggest that demographic variables may be of explanatory and predictive use in understanding the epidemiological trends of suicide. Early intervention and prevention strategies emerge from this model, and various social, public health, and research implications exist. However, the results must be viewed with caution because of the methodological problems inherent in using national mortality data, the possibility that other variables may account for the observed relationships, and the length of time required to test such prospective epidemiological propositions.

(Medline)

(137)

Author(s):	Hornblow, Andrew R.
Title:	The evolution and effectiveness of telephone counseling services.
Source:	Hospital and Community Psychiatry, Vol 37)7): 731-733, Jul 1986.
Format:	journal article
Address:	Hornblow, U Otago, Christchurch Medical School, New Zealand.
Level:	II

Despite dramatic expansion of telephone counseling services during the last three decades and widespread belief in their preventive and therapeutic value, empirical evidence of their effectiveness is limited, partly because of methodological and practical difficulties associated with research in the field. A review of existing studies indicates that telephone counselors may perform valuable listening, information giving, and referral roles. Evidence is lacking, however, on the ability of telephone counseling to produce behavior change in callers or to reduce suicide rates. Recent studies indicate that contract telephone counseling may have considerable therapeutic potential for monitoring and supporting clients with ongoing problems or chronic disabilities.

(Journal Abstract)

(138)

Author(s):	Humphrey, John A.; Kupferer, Harriet J.
Title:	Homicide and suicide among the Cherokee and Lubee Indians of North Carolina.
Source:	International Journal of Social Psychiatry, Vol 28(2): 121-128, Summer 1982.
Format:	journal article
Address:	Humphrey, U North Carolina, Greensboro, NC, USA, 27414.
Level:	III

The Cherokee and Lumbee, the two major Indian populations in North Carolina, have exhibited similarities in patterns of homicide and suicide. Both Indian populations have higher rates of homicidal than of suicidal death. Yet in 1972-73, the Lumbee homicide rates was considerably higher than that for the Cherokee, but the Cherokee's suicide rate exceeded that for the Lumbee. During 1974-76, the Cherokee manifested excessively high rates of violent death, with suicide increasing faster than homicide. The Lumbee homicide rate declined during this period, while the suicide rate increased. Lumbee violence patterns indicate a slight dissipation of cultural traits that predispose them to aggressive behavior and the concomitant emergence of a trend toward self-destructive behavior. The rise in Cherokee suicide rate may be consistent with the harmony Ethic of some tribe members, but the sharp increase in homicide may reflect the erosion of the traditional non-violent ethic among the bands as a whole.

(Journal Abstract)

(139)

Author(s):	Hunt, Claire.
Title:	Step by step: How your schools can live through the tragedy of teen suicides.
Source:	American School Board Journal, 174(2): 34-37, Feb 1987.
Format:	journal article
Address:	Not available.
Level:	II

To deal with rising teen suicide and attempted suicide, this Michigan school system developed a comprehensive crisis response plan encouraging greater communication with students, parents, and school staff members and involving immediate response by trained professionals and follow-up procedures to stabilize the school community.

(ERIC)

(140)

Author(s):	Imboden, Clinton U.
Title:	Crisis in intervention and the computer: An interface.
Source:	Crisis Intervention, Vol 13(2): 61-66, 1984.
Format:	journal article
Level:	III

Discusses data-analysis, referral and/or information retrieval, and computer training as they relate to crisis intervention and/or suicide prevention in centers that provide instantaneous qualified help. It is suggested that the computer can help provide information in the best and most consistent form.

(Psych Abstract)

(141)

Author(s):	Indian Affairs, Bureau of
Title:	American Indians today: Answers to your questions.
Source:	Bureau of Indian Affairs (Dept. of Interior), Washington, 1986.
Format:	booklet
Address:	Bureau of Indian Affairs, Dept. of Interior, Washington, DC, USA.
Level:	I

This booklet attempts to answer briefly the most common questions about American Indians asked by students, people who believe they have Indian ancestors, individuals who want to visit or volunteer to work on a reservation, or those who want to know the current Indian policy. Separate sections outline President Reagan's American Indian policy; current federal appropriations for Indian affairs; statistics about the 1,418,195 American Indians, Eskimos, and Aleuts from about 504 federally recognized tribes who occupy about 300 federal Indian reservations and 53 million acres of trust lands; programs and responsibilities of the Bureau of Indian Affairs; and demographic information on Indian birth rates, infant death rates, life expectancy, causes of death, and suicide rates. A section of questions and answers defines/describes what an Indian is, what a tribe is, how Indians become tribal members, what an Indian reservation is, the number of Indian languages, military service of Indians, relationship to the federal government, citizenship and voting rights, legal rights and obligations, treaty relationships, and tribal governments. Among additional information sources presented are a selected 61-item bibliography, 5 sources of Indian photographs, a list of Bureau of Indian Affairs Area Offices, and a list of 14 national Indian organizations.

(ERIC)

(142) Author(s): Indian and Northern Health Services, Canada.

Title: Suicides — Yukon and Northwest Territories.

Source: Medical Services Branch, Health and Welfare Canada, 17p, 1965.

Format: pamphlet

Address: Medical Services Branch, Health and Welfare Canada, Ottawa, ON, Canada.

Level: I

This study is based on RCMP records of suicidal deaths in the NWT and Yukon Territory for the period of 1959-1964. Demographic data is provided for both attempted and completed suicides by location, race, sex, age, marital status, number of children, employment, and method. Some significant findings were: a rate of 37.6/100,000 among Yukon Indians; 18.8/100,000 among NWT Eskimos; 61% of suicides were in the 30-59 age groups; 97% of all suicides (30 of 31) were male. (NBB).

(S.I.E.C.)

(143) Author(s): Indian Record.

Title: I have been to hell and back.

Source: Indian Record, Vol 46(2): 12-13, Spr 1983.

Format: journal article

Level: I

Relates experience of bereavement counselling following a suicide.

(144) Author(s): Inman, David J.; Bascue, Loy O.; Kahn, Wallace J.; Shaw, Peggy Ann.

Title: The relationship between suicide knowledge and suicide interviewing skill.

Source: Death Education, Vol 8(2-3): 179-184, 1984.

Format: journal article

Address: Inman, V.A. Medical Center, Coatsville, PA, USA.

Level: III

A survey with 89 nursing students investigated the relationship between knowledge of suicide lethality factors and the capacity to respond appropriately to suicidal people. The resulting lack of association between the two variables suggests they are independent,

with both potentially important suicide prevention competencies. It is recommended that training programs attend to both elements when preparing suicide prevention workers.

(Journal Abstract)

(145)

Author(s):	Jacobs, Douglas; Mack, John E.
Title:	Case reporting of psychiatric intervention by mail: A way of responding to a suicidal crisis.
Source:	American Journal of Psychiatry, Vol (143(1): 92-93, Jan 1986.
Format:	journal article
Address:	Jacobs, Professional Psychiatric Assoc. & Consultants, Newtonville, MA, USA.
Level:	II

Presents a case study in which the present authors received a letter from a 22-yr old woman undergoing a suicidal crisis. They replied in writing to the S and her husband and to her local mental health center. It is shown how this nontraditional yet empathic, anonymous contact enabled the woman to obtain counseling.

(Psych Abstract)

(146)

Author(s):	Jacoby, Bruce; Storm, Doris.
Title:	Preventing teen suicide filmstrip: You can help.
Source:	Sunburst Communications, 1980.
Format:	filmstrip (3) and cassette (3).
Address:	Sunburst Communications, Pleasantville, NY, USA.
Level:	I

Presents a case of teenage suicide and analyzes some causes, warning signs and means of prevention. The filmstrip package has 3 parts titled: (1) Road to nowhere; (2) Behind the smile, and; (3) A foundation for living.

(S.I.E.C.)

(147)

Author(s):	Jarvis, G.K.
Title:	Death among Alberta Indians.
Source:	Chronic Diseases in Canada, Vol 2(1): 4-5, Jun 1981.
Format:	journal article
Level:	II

The results of a perspective study of all deaths that occurred to North American Indians on 35 Reserves and colonies in Alberta over a one year period are reported in this brief summary. Slightly more than 46% died by suicide, homicide, or accidents. (NBB).
(S.I.E.C.)

(148)

Author(s):	Jarvis, G.K.
Title:	Patterns in Canadian suicide mortality.
Source:	Chronic Diseases in Canada, Vol 1(4): 37-40, Mar 1981.
Format:	journal article
Level:	II

Deaths from suicide have risen from less than 0.5% of all deaths in 1921 to 2.1% in 1978, and rates of suicide increased from 5.7 to 14.8 per 100,000 for the same time period. This article provides international comparisons and examines provincial variation, age, sex, race, and marital status. Tables 1 through 4 illustrate data obtained. 13 Ref. (NBB).
(S.I.E.C.)

(149)

Author(s):	Jarvis, G.K.
Title:	The probability of suicide: Identification of Canadian population segments at high risk.
Source:	University of Alberta, Edmonton (Discussion Paper No. 20) 18p, 1980.
Format:	pamphlet
Address:	University of Alberta, Edmonton, AB, Canada.
Level:	I

Reviews Canadian Gov't suicide statistics from 1931-1976. Suicides in Canada have increased three-fold as a proportion of all deaths. Interprovincial variations in suicide rates correlate positively with median income for both males and females. Female increases in suicide rates are spread over the entire age spectrum; male increases are concentrated at the younger ages. Married persons are at lower risk than single widowed or divorced. Native rates are higher and victims are younger.
(S.I.E.C.)

(150)

Author(s):	Jarvis, George K.; Boldt, Menno.
Title:	Death styles among Canada's Indians.
Source:	Social Science Medicine, Vol 16: 1345-1352, 1982.
Format:	journal article
Address:	Jarvis, Dept. of Sociology, University of Alberta, Edmonton, AB, Canada, T6G 2H4.
Level:	III

Data are examined from a prospective study of Native mortality on 35 reserves and colonies in the province of Alberta, Canada. Native Indian deaths tend to occur at a younger age than others, to be multiple events and to occur in non-hospital settings with others present. In almost half the cases death resulted from accident, suicide or homicide. Though circumstances of weather and physical isolation, as well as human negligence and carelessness resulted in some deaths, the majority of violent deaths were associated with the heavy use of alcohol.

(Journal Abstract)

(151)

Author(s):	Jenson, Amy Hillyard.
Title:	"Is there anything I can do to help": Suggestions for the friends and relatives of the grieving survivor.
Source:	Medic Publishing Co., 1985.
Format:	pamphlet
Address:	Medic Publishing Co., P. O. Box 89, Redmond, WA, USA, 98052.
Level:	I

A guide which offers suggestions about the kinds of attitudes, wards and acts that are helpful to a grieving survivor of any death.

(152)

Author(s):	Johnson, S.W.
Title:	Suicide and the schools.
Source:	301p, 1987. Library No. HV 6546 J64 1987.
Format:	book
Address:	Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
Level:	II

The authors have written this handbook from their background of experience in counselling, research, training, management activities related to suicide. They have been particularly impressed with the role schools play in suicide experiences. "Where prepared and dedicated, the school offers assistance perhaps unmatched by any other resource, including both the home and the professional therapist." White their material is applicable to younger children.

(S.I.E.C.)

(153)

Author(s):	Johnson, Wanda Y.
Title:	Classroom discussion of suicide: An intervention tool for the teacher.
Source:	Contemporary Education, Vol 56(2): 114-17, Winter 1985.

Format: journal article

Level: II

Teachers can play a significant role in adolescent suicide prevention by encouraging classroom discussion on depression and self-destructive behavior. Effectiveness of suicide prevention programs are discussed. Myths and signs of impending suicide are listed.
(ERIC)

(154) Author(s): Jorstad, J.

Title: Some experience in psychotherapy with suicidal patients.

Source: Acta Psychiatr Scand [Suppl], Vol 336: 76-81, 1987.

Format: journal article

Address: Jorstad, Department of Psychiatry B.; Ullev.ANG.al Hospital, Oslo, Norway.

Level: III

Changes in actual relationships and self-esteem are of particular importance. The therapist must be more direct, personal and interrogating than is the case with other types of patients, especially with regard to the suicidal fantasies and acts, i.e., plans and methods. The author emphasizes the importance of identifying hateful countertransference reactions in the therapist, and points out just how these can abe controlled, and used constructively as means of understanding the more subconscious aggressive feelings of the patient, which are projected onto the therapist. There is often a fragile balance between trust, realistic agreement and the availability of the therapist with regard to out-patients, and limit-setting of admission to emergency wards. An important aspect with regard to consultations with hospitalized patients is always to ask questions and employ direct communication about suicidal intentions and risks; further, no secrecy or vagueness about these matters should be permitted at ward meetings or in group work. The therapist must be open and direct, informing the patient as to just how he looks upon suicide as a mindless act, which once and for all destroys totally the interests and goals of the patient. It is also essential to work all the time on countertranference reaction in the staff, both the anxiety and the hate. The post mortem work after a successful suicide must include fellow patients, staff members and the family.
(Medline)

(155) Author(s): Kahn, Marvin W.

Title: Psychosocial disorders of Aboriginal People of the United States and Australia.

Source: Journal of Rural Community Psychology, Vol 7(1): 45-59, Summer 1986.

Format: journal article

Level: III

Compares high rates of psychosocial disorders found among American Indians, Eskimos, and Australian Aborigines. Relates high rates of disorders such as alcohol abuse, depression, suicide, family instability, delinquency, and accidental death to experiences of traditional cultures with western domination. Reviews major psychosocial explanations of aboriginal alcohol excess.

(ERIC)

(156) Author(s): Klagsbrun, Francine

Title: Too young to die.

Source: Simon & Schuster, Inc., 1985: ISBN 0-671-60405-8

Format: book

Address: Houghton Mufflin Company, 2 Park Street, Boston, MA, USA, 02107.

Level: I

The suicide rate among 15-to-25 year olds has doubled in the past twenty years. Every year, more than 5000 adolescents and young adults take their own lives and another 500,000 try. Suicide can be prevented. Using extensive research, surveys and interviews, the author gives anecdotal accounts of actual adolescent suicides and attempted suicides to help the reader understand the phenomenon, recognize its warning signs and show how friends and family may work to prevent it. The causes of adolescent suicide are discussed, popular suicide myths and attitudes exposed and prevention and intervention strategies given. An appendix lists the names and addresses of suicide hotlines and prevention centers in the United States.

(157) Author(s): Kliewer, E.V.; Ward, R.H.

Title: Convergence of immigrant suicide rates to those in the destination country.

Source: American Journal of Epidemiology, Vol 127(3): 640-53, Mar 1988.

Format: journal article

Address: Kliewer, Department of Medical Genetics, Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada.

Level: III

Factors influencing the 1969-1973 suicide rate in 25 immigrant groups in Canada were investigated. Standardized mortality ratios (SMRs) were calculated for each group relative to the suicide rates in the origin country populations. Compared with their origin countries, immigrant females exhibited a significant increase in suicide rates (SMR = 1.11,

p less than 0.01), whereas immigrant males did not (SMR = 0.98). Another set of standardized mortality ratios were then calculated for both origin and immigrant populations using the Canadian native-born rates as the standard. For the majority of immigrant groups, the standardized mortality ratios were significantly different from the ratios of their corresponding origin country populations, with 60% of the female immigrant groups and 41% of the male immigrant groups exhibiting higher ratios. Considerable variation was observed in the immigrant standardized mortality ratios, with a significant proportion of this variability countries (males r = 0.50, p less than 0.01; females r = 0.47, p less than 0.05). Using the standardized mortality ratios based on the Canadian native-born rates, the degree of "convergence" of immigrant suicide rates to the Canadian native-born rates was examined. Overall, significant covergences occurred for both sexes (p less than 0.02), with the immigrant suicide rates converging 40% of the initial difference between the standardized mortality ratios for the origin country and the Canadian Native-born.

(Medline)

(158)

Author(s):	Kost-Grant, Brian L.
Title:	Self-inflicted gunshot wounds among Alaska Natives.
Source:	Public Health Reports, Vol 98(1): 72-78, Jan-Feb 1983.
Format:	journal article
Address:	Kost-Grant, 4119E Madison, Seattle, WA, USA, 98112.
Level:	III

Deaths by violence (accidents, homicide, suicide) have increased significantly among Alaska Natives who have a suicide rate three times that of the general U.S. population. Self-inflicted gunshot wounds comprised 75 percent of the suicides among Alaska Natives from 1976 through 1980. A review of psychiatric consultation concerning 34 Alaska Natives who had survived a self-inflicted gunshot wound indicated some common characteristics. Of the group, 28 were male, and 20 had been using alcohol at the time of the shooting. Interpersonal conflicts were cited by most persons as partial motivation for the shooting, and most shootings were impulsive rather than premeditated. Few patients had a psychiatric history or appeared impaired at the time of the consultation. Cultural and intrapsychic factors that might contribute to this high rate of self-destructive behavior were examined. These include a proscription against verbal expression of negative affect and an increase of non-Native influences with subsequent social disorganization and cultural conflict.

(Journal Synopsis)

(159)

Author(s):	Kraus, R.F.; Buffler, P.A.
Title:	Sociocultural stress and the American Native in Alaska: An analysis of changing patterns of psychiatric illness and alcohol abuse among Alaska Natives.
Source:	Culture, Medicine and Psychiatry, Vol 3(2): 111-151, 1979.
Format:	journal article

Level: III

Selected statistics on morbidity and mortality are used to outline the current status and developing trends of psychiatric illness and alcohol abuse among the Aleut, Athabascan, Yupik, Inupiat, Tlingit, Haida and Tsimpshian people of Alaska. Analysis of records of health care providers shows steady increase in the number of individuals treated for these problems. Accidental injury and suicidal behavior are common. Data suggest a public health problem in the areas of behavioral disturbance and violent death.

(S.I.E.C.)

(160) Author(s): Krawll, M.B.

Title: Preliminary report on the post-evaluation of the National Native Suicide Prevention Program.

Source: National Native Advisory Council on Alcohol and Drug Abuse, Ottawa, Ontario, Canada, 33p, Apr 1985.

Format: report

Level: III

This report is an evaluation of the National Native Suicide Prevention Training Program and is based on responses to questionnaires completed by regional participants at the end of 1984 training set. At that time, participants were asked to define their role: responses to this same question were elicited a year later. A comparison of this material indicated a significant increase in the level of understanding of their role. Other findings are related to policies, resources, and guidelines. (NBB)

(S.I.E.C.)

(161) Author(s): Krawll, M.B.

Title: Suicide among Native Americans, Alaskan Natives, and Native Canadians: A community prevention program.

Source: Annual Meeting of the American Association of Suicidology (17th) Anchorage, Alaska, USA, 12-13, May 1984.

Format: manuscript (summary)

Level: III

The precis of a presentation to the 17th Annual Meeting of the AAS, May 2-5, 1984. This workshop stresses the importance of community involvement and awareness when developing suicide prevention programs in cultures that stress community rather than individuality. (NBB)

(S.I.E.C.)

(162) Author(s): Kreitman, N. (International Association for Suicide Prevention).

Title: International Congress for Suicide Prevention and Crisis Intervention Proceedings.

Source: Proceedings of the International Association for Suicide Prevention (10th), Ottawa, Ontario, Canada, 153p, 1979: Library No: HV6545.I56, 1979.

Format: book

Level: III

Twenty-one papers, in English, French and German, covering various aspects of suicidology, including surveys of Canadian crisis centres and international prevention programs; follow-up studies on attempters; national studies for Sheffield, England and Ireland; the Jonestown phenomena; occurrence and media coverage.

(163) Author(s): Krugley, Richard A. (New York U School of Medicine).

Title: Recent advances in suicidology.

Source: New Directions for Mental Health Services, No. 28, 35-45, Dec 1985.

Format: journal article

Level: II

Reviews demographic factors associated with suicide risk and presents a model relating suicidal ideation, suicide attempts, and completed suicide. A framework is presented for the assessment of suicidal behaviors that includes intentional factors such as planning, final acts, help-seeking, and overt communication; lifestyle variables such as history of physical or mental illness, past suicide attempts, and presence of alcohol or drug abuse; and circumstances such as marital and employment status, acute stresses, and availability of social support. Approaches to prevention are discussed, focusing on the role of crisis centers, and intervention with suicidal patients is considered with respect to the recognition of acute reactive crises and chronic self-destructiveness, the need to address treatment staff's attitudes toward suicidal patients, and the need to provide long-term support to suicidal patients. Illustrative case material is presented.

(Psych Abstract)

(164) Author(s): Kupferer, H.J.; Humphrey, J.A.

Title: Fatal Indian violence in North Carolina.

Source: Anthropological Quarterly, Vol 48(4): 236-44, 1975.

Format: journal article

Level: III

Discusses violent deaths, including death by suicide and homicide, among Indians of North Carolina.

(165)

Author(s):	LaDue, Robin A, et. al.
Title:	Psychological survival in American Indian communities.
Source:	Annual Meeting of the North Central Sociological Society, ED211292, Apr 1981.
Format:	research paper
Address:	ERIC Document Reproduction Service, 3900 Wheeler Ave., Alexandria, VA, USA, 22304-5110.
Level:	III

To provide some directions for the design and implementation of innovative health programs, both on an individual and community level, this paper, using both empirical and anecdotal sources, explores some of the possible psychological mechanisms Indian people have used to endure overt and covert Federal policies and social attitudes of termination and assimilation. While much has been written on the destructive coping mechanisms of alcoholism, suicide, and violence, the positive aspects of Indian life (the use of medicine, spiritual rituals, ceremonies, and participation in community events) and their values as survival skills have not been adequately evaluated and incorporated as treatment methods. The paper examines how the theoretical stance of problems, the client's belief system, and actual behavioral patterns can affect therapy and discusses specific therapeutic techniques (impact therapy and nondirective therapy based on Freud's and Maslow's theories) that may lead to a clearer understanding of underlying problems, the evolvement of a new Survival Pact, needs assessment programs, and development of educational programs that would address health and social needs on a broad level.

(Psych Abstract)

(166)

Author(s):	LaFromboise, T.D.; Bigfoot, D.S.
Title:	Cultural and cognitive considerations in the prevention of American Indian adolescent suicide.
Source:	Journal on Adolescence, 11(2): 139-53, Jun 1988.
Format:	journal article
Address:	LaFromboise, School of Education, Stanford University, Stanford, CA, USA, 94305.
Level:	III

A description of cultural considerations associated with American Indian adolescent coping is presented within a transactional, cognitive-phenomenological framework. Select cultural values and cultural beliefs of American Indians associated with death are discussed in terms of person variables and situational demand characteristics that

interplay in the transactional coping process. Three situational demand characteristics (ambiguity of identity, frequency of loss, and pervasiveness of hardships) are then presented to illustrate the reciprocal relationship between environmental contingencies and American Indian individual and community efforts at coping. The dynamic interdependence between person and environmental variables is emphasized and considered essential for inclusion in the design of interventions to prevent suicide. Existing intervention efforts with American Indian adolescent suicide attempters are reviewed and a school-wide cognitive behaviourial approach based on the transactional model of coping with suicide is described. It is suggested that on-going cognitive restructuring, social skills training, and peer counselling training activities be culturally adapted and integrated into relevant areas of the school curricula in order that coping be enhanced and suicide ameliorated.

(Medline)

(167)

Author(s):	Lancet, The.
Title:	Suicide prevention: An attempt to stop the inevitable?
Source:	The Lancet [editorial], 1447-1448, Jun 30, 1984.
Format:	journal article
Level:	II

The suicide rate is increasing particularly among 15-19 year olds in both Great Britain and the United States. Suicide appears to be associated with either affective disorders or alcoholism. It ought to be preventable since most people communicate suicide intent. Efforts of suicide prevention organizations such as the Samaritans appear to have some effect on the suicide rate; however, no one prevention strategy appears to affect the rate across the board.

(168)

Author(s):	Leder, Jane Mersky.
Title:	Dead serious: A book for teenage suicide.
Source:	Atheneum, New York, 1987.
Format:	book
Address:	Atheneum, New York, NY, USA.
Level:	I

Discusses the problem of teenage suicide, its effect on friends and family, warning signals, ways of coping and methods of helping a friend who is considering suicide. Includes case histories, interviews with teens who have attempted suicide and a list of places to turn for help.

(S.I.E.C.)

(169)

Author(s):	Leenaars, A.A. et. al.
Title:	Facts and myths of suicide in Canada.

Source: 19p, 1987.

Format: booklet

Address: Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: III

This article describes 3 studies that investigated the level of knowledge Canadians have about suicide, as expressed in their beliefs about certain suicide facts and fables. Research methodology is described for each study; a questionnaire devised from Shneidmand's list of ubiquitous clinical facts and myths was utilized.

(S.I.E.C.)

(170) Author(s): Leenaars, A.A.; Wenchstem, S.

Title: Suicide postvention in a school system.

Source: Annual Meeting of the American Association of Suicidology, (19th Atlanta): 237-239, 1986.

Format: journal article

Address: Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: III

The Windsor Board of Education has been developing a comprehensive suicide prevention program to address the increasing suicide among adolescents and children. The functions of the program includes providing in-depth prevention workshops to the teachers, parents, pupils and community agencies to identify the scope of the suicide problem and to provide information about clues, perceived causes, and prevention services. The program is illustrated with a suicide case utilizing a time sequence format.

(S.I.E.C.)

(171) Author(s): Leighton, Alexander H.; Hughes, Charles C.

Title: Notes on Eskimo patterns of suicide.

Source: Southwestern Journal of Anthropology, Vol 11: 327-338, 1955.

Format: journal article.

Level: II

Eskimo suicide generally occurs in a nonritualized manner, with the passive and sometimes active encouragement and participation of others. The usual motive for suicide is the individual's illness, suffering or sense of uselessness. In the last century, St. Lawrence Island Yuit (Siberian) Eskimos used a ritualized form of suicide in which the family participated and perhaps assisted in the act. The decision to commit suicide was individual and voluntary and often spurred on by the person's feeling of uselessness due to illness

or disability. St. Lawrence Island Eskimos were also noted to commit suicide as a form of sacrifice to save male family members from illness. These motives for suicide are classed as "altruistic" according to Durkheim. A functional analysis using a framework provided by Merton examines the manifest and latent functions and dysfunctions of these suicides in terms of the individual, family group and community. Functionally, the suicide may serve to increase the individual's prestige and lessen burden on the family and community. A dysfunctional aspect may occur when a person in the prime of his/her life commits a sacrificial suicide. In conclusion, it is suggested that Yuit suicide may be a means of avoiding, rather than solving problems.

(172)

Author(s):	Lennox, Carolyn.
Title:	Guidelines for high school suicide prevention programs.
Source:	35p, 1987.
Format:	booklet
Address:	Lennox, East Texas State University, Commence, TX, USA, 75428.
Level:	II

This document presents a set of guidelines for high school suicide prevention programs which was created in 1986 by a panel of 71 professionals nationwide with expertise in the areas of suicide prevention and high school suicide prevention programs. Recommendations presented were obtained from responses to a series of three mailed questionnaires which solicited the opinions of professionals. The guidelines are intended to be used as an aid in creating suicide prevention programs or evaluating existing programs. A list of general recommendations is followed by recommendations for content of specific suicide awareness curricula for students, parents, teachers, and counselors. Additional information for parents is given. A life stress/life skills curriculum for students is included and additional programs and procedures for students are described. School policies and procedures for dealing with a suicidal student and for responding to a suicide are discussed. Qualifications for teaching suicide awareness to students are considered. A list of the panel members is included.

(ERIC)

(173)

Author(s):	Lester, David
Title:	Suicide and homicide rates: Their relationship to latitude and longitude and to the weather.
Source:	Suicide and Life-Threatening Behavior, Vol 16(3): 356-59, Fall 1986.
Format:	journal article
Level:	II

Explored variation of suicide and homicide rates in the major standard metropolitan statistical areas of the United States to see whether regional variations in temperature and precipitation could account for some of the variation. Only the correlation between precipitation and homicide rates survived controls for latitude and longitude.

(ERIC)

(174) Author(s): Lester, David.

Title: Suicide, homicide and the quality of life: An archival study.

Source: Suicide and Life-Threatening Behavior, Vol 16(3): 389-92, Fall 1986.

Format: journal article

Level: II

A study of the various United States as of 1940 showed that suicide rates were higher and homicide rates were lower in states where the quality of life was higher. These findings support a hypothesis derived from Henry and Short's (1954) theory of suicide and homicide.

(ERIC)

(175) Author(s): Lester, G.; Lester, D.

Title: Suicide: The gamble with death.

Source: Prentice-Hall, Englewood Cliffs, 1971.

Format: book

Level: II

Includes a chapter by L. H. Dizmang which describes the contributing factors of suicide among the adolescents of the northern Cheyenne as: loss of self-esteem and loss of the old ways of handling aggression. These appear inherent in reservation life where escape comes through alcohol, suicide, depression, homicide or accidents. Loyalty to the tribe and lack of support systems in white culture make transition very difficult. The real alternative seems to be the improvement of reservation culture and its inherent strengths.

(176) Author(s): Levy, J.E.; Kunitz, S.J.

Title: A suicide prevention program for Hopi youth.

Source: Social Science Medicine, 25(8): 931-940, 1987.

Format: journal article

Address: Suicide Information and Education Centre, Suite 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: III

As a result of a 30-year study of Hopi suicide, the authors concluded certain elements of causation would not be acceptable to the Hopi in the development of a suicide prevention program: these include an emphasis on youth as "troubled"; and any indication that suicide was related to acculturation or tradition. A successful program would not be tied to tribal or federal government, and would attract individuals not presently at risk.
(S.I.E.C.)

(177)

Author(s):	Levy, J.E.; Kunitz, S.J.
Title:	Indian reservations, anomie, and social pathologies.
Source:	Southwestern Journal of Anthropology, Vol 27(2): 97-128, 1971.
Format:	journal article
Level:	III

Two common notions concerning causes prevalence of social pathology (homicide, suicide and alcoholism) among Navajo and Hopi Indians are examined. The findings suggest that both the prevalence and patterning of these behaviors are largely explainable in terms of persisting elements of Aboriginal culture rather than as a response to acculturation or the extreme unpleasantness of life on most Indian reservations.
(S.I.E.C.)

(178)

Author(s):	Levy, J.D.; Kunitz, S.J.; Everett, M.
Title:	Navajo criminal homicide.
Source:	Southwestern Journal of Anthropology Vol 25: 124-152, 1969.
Format:	journal article
Level:	III

Discusses alcohol abuse, criminal behaviour, homicide and suicide among Navajo Indians.

(179)

Author(s):	Levy, Jerrold E.
Title:	Navajo suicide.
Source:	Human Organization, Vol 24(4): 308-318, Winter 1985.
Format:	journal article.
Level:	III

The incidence of reported Navajo suicide on reservations and nearby communities between 1954-63 has increased and shifted towards a younger population when compared to the rare occurrence of suicide prior to 1945. Males are 13.4 times more likely to commit suicide than females. They usually are between the age of 25-39, and married and

use either a gun or hanging as a method of suicide. Motives for suicide appear to be the social disintegration and anomie of the Navajo whose matrilineal and matrilocal aspects of traditional life produce stress in young males trying to adopt to the cash economy. The resulting marital problems, intrafamial strife and more recently, alcohol abuse tend to be factors in Navajo suicide. The traditional outlets for male aggression have been lost; however, traditional beliefs permit any unnatural death such as suicide to be viewed as an effective means of aggression. Data also indicates that the homicide rate has decreased while the suicide rate has increased. Navajo suicide is usually impulsive and seen as an act of aggression against the spouse and blood relatives.

(180) Author(s): Levy, Jerrold E.; Kunitz, Stephen J.

Title: Notes on some White Mountain Apache social pathologies.

Source: Plateau, Vol 42: 11-19, 1969.

Format: journal article.

Level: II

Currently high death rates from homicide and, possibly, suicide found among the White Mountain Apache are interpreted as continuations of pre-reservation patterns rather than as recent responses to a stressful reservation life.

(Journal Abstract)

(181) Author(s): Lewis, Thomas H.

Title: A syndrome of depression and mutism in the Oglala Sioux.

Source: American Journal of Psychiatry, Vol 132(7): 753-755, Jul 1975.

Format: journal article

Addresss: Lewis, Georgetown U Hospital, Washington, DC, USA.

Level: III

Notes that the wacinko syndrome in the Oglala Sioux varies from a nonclinical reaction to pathological degrees of anger, pouting, withdrawal, depression, psychomotor retardation, mutism, immobility, and even to suicide. Although indigenous practitioners recognize the syndrome as a distinctive disorder, it has not been described by non-Indian practitioners. A case report is presented, and it is suggested that most cases are diagnosable as reactive depressive illness.

(Journal Abstract)

(182) Author(s): Long, K. A.

Title: Suicide intervention among a Native American population.

Source: Annual Meeting of the American Association of Suicidology (19th), Atlanta, Georgia, USA, 3-5, 1986.

Format: manuscript

Level: III

The focus of this work is suicide and suicide prevention among Indian tribes in the rural Northwest. Specially, the author reports experiences and data related to the Crow, Northern Cheyenne and Wind River reservations. The material is provided from the perspective of a white mental health care clinician who has worked for approximately five years with Plains Indians people in the Northwest.

(S.I.E.C.)

(183) Author(s): Long, K.A.

Title: Suicide intervention and prevention with Indian adolescent populations.

Source: Issues in Mental Health, 8: 247-253, 1986.

Format: journal article

Address: Suicide Information & Education Centre, Suite 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.

Level: II

A white psychiatric nurse, who has worked with Plains Indians for five years, describes reservation life, highlighting environmental factors that place residents at high risk for suicide. the Wind River Reservation suicide epidemic (1985) is examined as a case study. Community assessment and intervention and prevention strategies, with emphasis on environmental obstacles and relevance to Plains Indian culture and the sparsely populated setting are presented.

(S.I.E.C.)

(184) Author(s): Loo, Robert.

Title: Suicide among police in a federal force.

Source: Suicide and Life-Threatening Behavior, Vol 16(3): 379-88, Fall 1986.

Format: journal article

Level: II

Reports the results of a study of suicide among 35 members of the Royal Canadian Mounted Police. The average annual rate (14.1 per 100,000) of suicide in this force was approximately one-half that of the comparable general population and the most common means of suicide was by service revolver.

(ERIC)

(185)

Author(s):	MacLean, B.
Title:	Deaths by violence among Canadian Native Peoples.
Source:	Medical Services Branch, Dept. of Health and Welfare Canada, 19p, Aug 1979.
Format:	pamphlet
Address:	Medical Services Branch, Dept. of Health and Welfare Canada, Ottawa, ON, Canada.
Level:	I

A collection of statistical data in tabular and graphic format that provides information on deaths by violence among Canadian Native Peoples; Includes th categories of deaths by motor vehicle accidents, drownings, firearms, jumping and suicide.

(186)

Author(s):	Main, Frank, O., West, John D.
Title:	Sabotaging adolescent depression through paradox.
Source:	Journal of Aderian Theory, Research & Practice, 43(2): 185-191, June 1987.
Format:	journal article
Address:	Main, University of South Dakota, Vermillion, SD, USA, 57069.
Level:	III

Describes a 5-hr workshop conducted for a group of depressed youths (aged 12-18 yrs) following three consecutive teen suicides of students from a Native American reservation high school. Sioux tradition related to death is reviewed. The workshop was built around Adler's notion that suffering serves a dialectic purpose and around the assumption that depressed children were employing suffering as a weapon. The process used to reframe the symptom and prescribe the symptoms in the context of Sioux culture is described. The goal of the workshop was to encourage social interest and discourage obsessive, private logic.

(Psych Abstract)

(187)

Author(s):	Maki, Takeshi.
Title:	[Prediction and prevention of suicide].
Source:	Kyushu Neuro-psychiatry, Vol 30(1): 19-24, Apr 1984.
Format:	journal article
Address:	Maki, Maki Hosp, Fukuoka, Japan.

Level: III

Provides a paper presented during the 36th Kyushu Psychiatric Symposium on Systematic and Technical Involvement in Psychiatric Crisis in October, 1983. Results of data analyses based on (a) suicide among hospitalized psychiatric patients, (b) suicide among psychiatric outpatients, and (c) suicide prevention by telephone consultations strongly suggest that it is important to provide those potential suicides with initial telephone consultations, follow-up treatment, and crisis centers that are capable of providing psychiatric counseling and care to prevent suicide. It is particularly necessary to establish crisis centers that maintain close relationships with well-established psychiatric centers in order to practice preventive psychiatry in fulfilling new social needs.

(Psych Abstract)

(188) Author(s): Maris, Ronald W.

Title: Basic issues in suicide prevention: resolutions of liberty and love (The Dublin lecture).

Source: Suicide and Life-Threatening Behavior, Vol 16(B): 326-34, Fall 1986.

Format: journal article

Level: II

Lists seven issues in suicide prevention, gives Thomas Szasz's libertarian perspective on those issues, and argues against Szasz's perspective.

(ERIC)

(189) Author(s): Martinez Lanz, Patricia; Saltijeral M.; Grasciela, Maria T. & Terroba.

Title: Revisión del tema: "Intento de suicidio en los niños: Un fenómeno psicosocial."[Review of the topic: Suicide intent in children: A psychosocial phenomenon].

Source: Salud Mental, Vol 8(2): 23-26, Jun 1985.

Format: journal article

Address: Inst. Mexicano de Psiquiatría, División Investigaciones Epidemiológicas y Sociales, Mexico City, Mexico.

Level: III

Reviews the literature dealing with childhood suicide, including children's conception of death, background and precipitating factors related to suicide intent, methods used, prevention, and treatment. It is concluded that parasuicidal children possess a history of socio-personal problems, particularly family problems, which influence their intent to commit suicide. Emotional changes over a long period, along with precipitating factors, are considered to be the principal components of childhood suicide.

(Psych Abstract)

(190) Author(s): May, P.A.; Katz, P.

Title: Single-vehicle crashes among the Navajo Indians.

Source: Annual Meeting of the American Association of Suicidology (14th), Albuquerque, NM, USA, 51-53, 1981.

Format: manuscript

Level: III

Multi-variate analysis of factors associated with vehicular self-destruction and violence against others. The age-adjusted vehicular mortality rate was 7.1 times the U.S. rate. Fatal single vehicle accidents differed on a number of variables from other Navajo crash cases and from non-Indian crash cases. Four factors are related to single vehicle crashes: culturally reinforced maladaptive lifestyles; sociocultural stress; youthful age; and alcohol abuse.

(S.I.E.C.)

(191) Author(s): May, Phillip A.

Title: Suicide among American Indian youth: A look at the issues.

Source: Children Today, 16(4): 22-25, Jul-Aug, 1987.

Format: journal article

Address: Not available.

Level: II

Discusses rates, characteristics, and causes of suicide among young Native Americans. Compares suicide statistics of several tribes with those of the overall U.S. population. Analyzes suicide attempts and other self-destructive behavior. Describes problems faced by Indian adolescents and offers some solutions.

(ERIC)

(192) Author(s): May, Philip A.; Dizmang, Larry H.

Title: Suicide and the American Indian.

Source: Psychiatric Annals, Vol 4(1): 22-28, Nov 1984.

Format: journal article

Level: II

The suicide rate among American Indians and Alaskan natives on reservations is more than twice the rate for the general US population. In these groups death from cirrhosis of the liver is 4 times more frequent than among others in the US. Virtually all current studies have found Indian suicide to be a behavior of younger persons. Causes discussed are

social disorganization, cultural conflict, and breakdown of the family structure. Suggested remedies have chiefly to do with allowing more self-determination to Indians, including their active participation in mental health services.

(Psych Abstract)

(193)

Author(s):	Mayer, Patricia A.; Bauman, Kay A.
Title:	Health practices, problems, and needs in a population of Micronesian adolescents.
Source:	Journal of Adolescent Health Care, Vol 7(5): 338-341, Sep 1986.
Format:	journal article
Address:	Bauman, Dept. of Family and Community Medicine, Room 4335, AHSC, Tuscon, AZ, USA, 85724.
Level:	III

Saipan, one of many islands of the Pacific Trust Territory, depends on the United States for its medical care. The limited resources on the island have resulted in little medical attention for adolescents. This study surveyed 519 Saipan adolescents to determine their health practices, problems, and needs. Although these teenagers rarely saw physicians, they commonly reported health problems such as headaches, abdominal pain, and dental cavities. In the psychosocial arena, their problems involved parents, girlfriends/boyfriends, school, and suicidal thoughts. The health topics found to be of most interest included sex education, jobs, suicide prevention, drugs, and birth control. The most popular methods for learning about these subjects were books, movies, films, and school classes. There were high reported incidences of drug and alcohol problems among boys, and thoughts about suicide in all respondents.

(Journal Abstract)

(194)

Author(s):	McAlpine, D.E.
Title:	Suicide: Recognition and management.
Source:	Mayo Clinic Proc, 62(9): 778-81, Sep 1987.
Format:	journal article
Address:	McAlpine, Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, USA 55905.
Level:	III

Patient suicide is a common clinical problem. In the United States, 28,000 people commit suicide annually, and most of these victims have had a consultation with a physician during the 6 months preceding death. Two conditions frequently associated with suicide are affective disorders and alcoholism, and recognition and management of these conditions will help to prevent many suicides. Hospitalized patients seem to be at high risk for suicide — particularly apparent victims of "accidents", which may be well-disguised suicide attempts. Physicians should be aware of a verbal and behavioral

warning signs of suicidal tendencies in patients, such as a morbid preoccupation with death, giving away possessions, and poor work or school attendance. Emphatic listening and intervention by the physician should lead to suggestions for alternative resolutions to the problem that prompted the suicidal behavior and should decrease the level of perturbation. Hospitalization should be considered for the suicidal patient with impaired rational thinking or severe depression.

(Medline)

(195)

Author(s):	McCormack, A.; Janus, M.; and Burgess, A.W.
Title:	Not Available
Source:	Child Abuse & Neglect, 10: 387-395, 1986.
Format:	journal article
Address:	Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
Level:	I

This study of 144 adolescent runaways finds that 38% of males and 73% of females report having been sexually abused. Results of assessing the differences between abused and nonabused adolescents show that victimized males and females are more likely to report anxiety and suicidal feelings than are their nonabused counterparts. Discussion focuses on gender differences and runaway behaviors relative to sexual victimization. Differences in degree of abuse and sex of abuser may explain findings.

(S.I.E.C.)

(196)

Author(s):	McDougall, Sheila.
Title:	A descriptive study of "Suicide" on three Indian Reserves in Alberta.
Source:	Nechi Institute on Alcohol and Drug Education, 1986.
Format:	report
Level:	II

This report presents the results of a study about the incidence of suicide on three reserves in Alberta. Problems on Indian reserves stem from factors of economics, history and personal identity which produce an acculturation and lead to stress and social disintegration. The Indian population has been and continues to be plagued by problems of alcohol/drug and substance abuse, family breakdowns, incarceration, and an increasing suicide rate. Research shows that the Native female is three times more likely to attempt suicide and the Native male is three times more likely to complete suicide. A questionnaire was administered, in person and on an anonymous basis, to the survivors of suicide victims. Analysis of results shows that the victim is likely to be a Native male between the age of 14-24 years, who is single, separated or divorced, has little or no involvement with Indian culture and shows evidence of alcohol abuse either before or at the time of suicide.

Marital problems, family breakdown and childhood disruption appear as common factors in many suicides. The recommendations of the report address the areas of cultural differences, education and mental health services and emphasize the need for Native involvement and for training, prevention and crisis programs.

(197)

Author(s):	McGinnis, J.M.
Title:	Suicide in America — Moving up the public health agenda.
Source:	Suicide Life Threatening Behavior, 17(1): 18-32, Spring 1987.
Format:	journal article
Address:	McGinnis, U.S. Department of Health and Human Services, Washington, DC, USA.
Level:	III

Despite improvements in the health of Americans over the last 30 years, the problem of suicide, and its disturbing rise in the last three decades, remains a major American health riddle. Recognizing suicide as a public health concern is essential to discovering strategies to prevent suicide. Such strategies and prevention efforts must be multifaceted, incorporating a number of public health principles and approaches. These approaches include the refinement of epidemiological methods in the study of suicide; development of health education, information, and intervention programs dealing with suicide; and increased community awareness of and participation in all suicide prevention efforts.

(Medline)

(198)

Author(s):	McIntosh, J.L.
Title:	A study of suicide among United States racial minorities based on official statistics: The influence of age, sex and other variables.
Source:	Thesis (Ph.D.) — University of Notre Dame, 1-356, 1980. (Micro E184 AIM13 1980).
Format:	dissertation
Level:	III

Detailed study of the demographic variables of suicidal behavior among Native Americans, Black American and Asian American, including Chinese, Japanese and Filipino, using the cause-of-death summary tape of statistics from the National Centre for Health Statistics.

(S.I.E.C.)

(199) Author(s): McIntosh, John L.

Title: Suicide among Native Americans: Further tribal data and considerations.

Source: Omega: Journal of Death and Dying, Vol 14(3): 215-229, 1983-84.

Format: journal article

Address: McIntosh, Indiana University at South Bend, Dept. of Psychology, P. O. Box 7111, South Bend, IN, USA, 46634.

Level: III

This is an updating of an earlier publication on tribal differences in Native American suicidal behavior. Similarities among these studies are noted, including data sources, the concentration of suicide among the young, intratribal group heterogeneity with respect to suicide, suicide methods employed, and alcohol involvement. Most investigations have relied heavily on single official sources for their data. The implications of obtaining figures from official agencies are explored, particularly with respect to Native American tribes and reservations. Neglected areas of study are noted along with the need for further investigation to facilitate prevention programs.

(Journal Abstract)

(200) Author(s): McIntosh, John L.; Hubbard, Richard W.; Santos, John F.

Title: Suicide facts and myths: A study of prevalence.

Source: Death Studies, Vol 9(3-4): 267-281, 1985.

Format: journal article

Address: McIntosh, Indiana U, South Bend, IN, USA, 46615.

Level: II

Although statements regarding "myths" about suicide are common in the literature, few empirical investigations have been conducted to determine the extent to which such "myths" are believed. A 32-item questionnaire concerning demographic & clinical correlates of suicidality was administered to 271 Coll students. Past history of personal suicidal behavior & that of others known to the Rs were also determined. In general, performance was poor, with an average score of 59.1%, or 18.9 items correctly answered. Rs with the following characteristics performed best (though still at generally low levels): those with training in suicide prevention or crisis intervention, those with some educational experience about suicide, older students, those with higher Coll class standing & those enrolled in upper level Coll courses. In a second study, 49 home health care personnel & 32 individuals being trained to do outreach work with the elderly were given a 16-item subset of the 32-item questionnaire. Performance was high, with approximately 75% correctly answered. Nearly all of these items were clinical in nature & were made up primarily of the "myths" traditionally discussed in the suicide literature. While performance on factual/demographic information was poor in the first study, both investigations

found performance on clinical, traditional "myths" about suicide to be high. The implications of these findings for training & education are discussed.

(Soc. Abstracts)

(201) Author(s): McIntosh, John L.; Jewell, Barbara L.

Title: Sex difference trends in completed suicide.

Source: Suicide and Life-Threatening Behavior, Vol 16(1): 16-27, Spr 1986.

Format: journal article

Address: McIntosh, Dept. of Psychology, Indiana University at South Bend, P.O. Box 7111, South Bend, IN, USA, 46634.

Level: III

The recent suicide literature increasingly has contained statements suggesting that the differences in completed suicide between the sexes are lessening. A compilation of official suicide data for 1933-1980 verifies such a trend from the 1950s through 1971. However, increased differences (as measured by the ratio of male to female rates) were consistently observed from 1971 to 1980. These trends were found for data for the nation, for whites and nonwhites, for numbers of suicides, for crude rates, and for age-adjusted rates. Decreased sex differences were obtained for those 35-44, 45-54, 55-64, and for 65+ years of age, but increased sex differences were observed for those aged 15-24 and 25-34. Possible explanation for these findings are presented.

(Journal Abstract)

(202) Author(s): McIntosh, John L.; Santos, John F.

Title: Changing patterns in methods of suicide by race and sex.

Source: Suicide and Life-Threatening Behavior, Vol 12(4): 221-33, Winter 1982.

Format: journal article

Level: III

Examined annual official national statistics for specific methods of suicide by sex and racial group from 1923 to 1978. Shifts were found in suicide methods employed, most notably for women and Asian American. Generally, firearm use increased among nearly all ethnic/racial-sex groups while the use of poisons declined.

(ERIC)

(203) Author(s): McIntosh, John L.; Santos, John F.

Title: Changing patterns in methods of suicide by race and sex.

Source: Annual Meeting of the American Association of Suicidology, (14th St., Albuquerque, N.M.) Apr 1981.

Format: research paper

Level: III

Suicide rates vary greatly by sex and race, but the methods employed by these groups have not been studied closely and across time. Annual official national statistics for specific methods of suicide by sex and specific racial group were examined from 1923 to 1978. During this time period, shifts occurred in the proportions of suicides by method, most notably for women and Asian-American groups. Although women continued to kill themselves with solid and liquid poisons more often than men, in recent years firearms became a more frequent method. Among Japanese and Chinese-Americans, the most common methods of suicide were hanging, strangulation, and suffocation. However, the proportions declined over time, while those for methods such as firearms increased. Firearms continued to be the method most often used in completed suicides by Caucasian, Black, and American Indian males. Results suggest that acculturation, changing societal roles, and problems with the compilation of official statistics may be possible factors affecting changes in method choice.

(ERIC)

(204) Author(s): McIntosh, John L.; Santos, John F.

Title: Suicide among minority elderly: A preliminary investigation.

Source: Suicide and Life-Threatening Behavior, Vol 11(3): 151-66, Fall 1981.

Format: journal article

Level: III

An investigation of official 1976 suicide statistics among minority elderly revealed that suicide rates are highest among the old for Chinese, Japanese, and Filipino Americans. Among Blacks and Native Americans, however, suicide rates are extremely low for the aged. Suggests explanations for these findings.

(ERIC)

(205) Author(s): McIntosh, John L.; Santos, John F.

Title: Suicide among Native Americans: A compilation of findings.

Source: Omega: Journal of Death and Dying, Vol 11(4): 303-316, 1980-81.

Format: journal article

Level: III

Suicide among Native Americans has received much attention in the recent literature. These reports have primarily focused upon single, specific tribal groups. While the suicide rate for Indians as a whole is equal to or greater than that for the nation, undue emphasis

upon those tribes having especially high suicide rates has created the general impression that all Indian groups have high rates. The wide variation that exist among the tribes are sometimes noted but often they are overlooked or ignored. The results of the available studies of suicide among the various Indian tribal groups are presented here along with some implications for further research.

(Journal Abstract)

(206)

Author(s):	McShane, D.
Title:	An analysis of mental health research with American Indian Youth.
Source:	Journal on Adolescence, Vol 11(2): 87-116, Jun 1988.
Format:	journal article
Address:	McShane, Department of Psychology, Utah State University, Logan, UT, USA, 84322-2810.
Level:	IV

A comprehensive search and review of literature, documents, publications and other material written since 1970, relevant to American Indian mental health research, was completed in order to generate a list of research and of training needs. A content analysis of this literature enabled a synthesis which describes important biopsychosocial issues faced by American Indian communities, gaps in past and current research efforts, specific problems in past research, and recommendations in each of these areas with regards to future research possibilities and needs. The portion of the analysis presented in this paper deals with American Indian infants, preschoolers, children and adolescents. In order of presentation, the specific issue domains dealt with include: otitis media, fetal alcohol syndrome, abuse and neglect, failure-to-thrive/autism/ enuresis, which are examined together (early development) in terms of research gaps; and neurosensory disorders/developmental disabilities/handicapping conditions/school-related problems, foster care and adoption, self-concept/identity, conduct disorders/delinquency, drug and alcohol use, and suicide and depression, which are examined (school-age children and adolescents) in relation to research gaps and needs.

(Medline)

(207)

Author(s):	Miller, Howard L.; Coombs, David W.; Leeper, James D.; Barton, Stephen N.
Title:	An analysis of the effects of suicide prevention facilities on suicide rates in the United States.
Source:	American Journal of Public Health, Vol 74(4): 340-43, Apr 1984.
Format:	journal article
Address:	Miller, Dept. of Psychology, Box 6142, University of Alabama Graduate School of Experimental and Clinical Psychology, University AL, USA, 35486.

Level: II

Since the 1960s, there has been a massive effort to reduce suicide mortality in the United States through prevention centers which invite suicidal persons to phone for supportive services. In spite of virtually total lack of evidence concerning the efficacy of these services, they proliferated until, by 1973, nearly every metropolitan area in the United States had at least one. Suicide rates increased slightly throughout this time. We studied 1968 through 1973, the years of greatest growth of suicide prevention facilities, comparing suicide rates in counties that added these centers with counties that did not do so. An association of centers with the reduction of suicides in young white females emerged. This finding was replicated on a different set of counties for a different time span. The results are discussed in light of the fact that this group constitutes the major clients of these centers.

(Journal Abstract)

(208) Author(s): Miller, M.

Title: American Indian suicides.

Source: Suicide Information Center, 3p, 1983.

Format: pamphlet

Address: Suicide Information Center, 6377 Lake Apopka Place, San Diego, CA, USA, 92119.

Level: II

Includes bibliographic material about American Indian suicides.

(209) Author(s): Miller, Marv.

Title: A detailed fact sheet on suicide.

Source: The Information Center, 1984.

Format: brochure

Address: The Information Center, 6377 Lake Apopka Place, San Diego, CA, USA, 92119.

Level: I

According to world-wide statistics from the World Health Organization, 1000 people commit suicide each day. In the United States, 100 people a day commit suicide and someone attempts suicide every 3 minutes. The U.S. suicide rate is moderate when compared to other nations. The city with the highest rate of suicide in the world is West Berlin while in the United States Reno and San Francisco usually have the highest rate. The West Coast and Rocky Mountain Regions have the highest regional suicide rate while the Southern states, the lowest. Monday and spring months seem to have the highest incidence of suicide, otherwise there are only marginal differences with respect to the calendar. Most suicides tend to occur in the afternoon and early evening though time of

a suicide is often difficult to determine accurately. Men more often complete suicide while women are three times more likely to attempt it than men. Whites over forty and young Blacks tend to have the highest suicide risk. Medical professionals are three times more likely than other groups to commit suicide; however, educated people are generally less likely. Suicide risk tends to increase with age after the age of 15 years. Men usually choose lethal or violent methods of suicide then women who tend to choose passive methods such as drug overdoses. People who commit suicide are not likely to be mentally ill. Jews are least likely and Protestants most likely to commit suicide. Married people have the lowest suicide rate while elder white males, medical doctors, alcoholics, drug addicts, homosexuals, American Indians, adolescents and college students have the highest. Nevertheless, suicide has few distinctions between social class or group.

(210)

Author(s):	Miller, Marv.
Title:	Suicide intervention by nurses.
Source:	Springer Publishing Company Inc., 1982: Library No. RC569.5935, ISBN 0-826-3031-3 (paperback).
Format:	book
Address:	Springer Publishing Company Inc., 200 Park Avenue South, New York, NY, USA, 10003.
Level:	II

Nurses, more so than physicians, are in a position to recognize and respond to suicide crisis in a hospital. This book focuses specifically on the role of nurses in suicide prevention, intervention and postvention. An introduction to suicidology offers an overview of the topic, with reference to recent theories, descriptions and case studies of self-destructive behaviour. Guidelines are developed to help nurses identify suicidal behaviour and assess the degree of risk. Nurses may confront suicidal behaviour elsewhere since adolescent suicidal behaviour is often detected by the school or public health nurse, and hospital nurses may find themselves confronting suicidal behaviour in colleagues. The management of a suicidal patient care involves talking to them and showing both concern and support. A team approach is urged and the need to adequately prepare the patient for discharge is noted. As part of the treatment of suicidal patients in hospitals, innovative programs may be specifically set up to deal with high risk patients. Staff reactions and prejudices towards a suicide attempter, particularly in the Intensive Care Unit, need to be considered during treatment. Despite all efforts a patient may commit suicide which may cause not only the possibility of hospital liability and malpractice but require efforts to help staff overcome the effects of such an occurrence.

(211)

Author(s):	Miller, Marv.
Title:	Suicides on a Southwestern American Indian Reservation.
Source:	White Cloud Journal, Vol 1(3): 14-18, 1979.
Format:	journal article

Address: The Information Center, 6377 Lake Apopka Place, San Diego, CA, USA, 92119.

Level: III

Suicides committed during a 124-month period (N = 28) on a southwestern American Indian reservation were examined in terms of their location, timing, means of lethality, and the individual's marital status and occupation. The suicides were found to be clustered by season ,day of the week, and location. A profile of suicides showed the typical victim to be a young, never married, male laborer who shot himself to death at home on a weekend in March, April, July or August. Several strategies are proposed in order to maximize suicide prevention and intervention efforts on Indian reservations with limited manpower and resources.

(Journal Abstract)

(212) Author(s): Miller, Marv.

Title: 1988 Training workshop manual.

Source: The Information Center, 1988.

Format: booklet.

Address: The Information Center, 6337 Lake Apopka Place, San Diego, CA, USA, 92119.

Level: I

This training manual provides an introductory workshop to train nonclinical suicide interventionists to recognize the warning signs of suicide, identify at-risk persons, assess suicide risk, refer suicidal persons to appropriate help and follow through on referrals. Several sections of the manual are devoted to the description of suicidal behaviour and sentiments, the explanation of causes and processes of suicide, and personal and telephone intervention techniques. The warning signs of suicide are outlined in terms of situations, symptoms of depression, and verbal and behavioural clues. Another section outlines warning signs of adolescent suicide and the results of a case study about this age group. A suicide risk-assessment scale is provided in a questionnaire format: The Suicide Potential Scale. Additional rating scales provide a means of assessing the seriousness of an attempted suicide and another, a means of diagnosing and screening potential suicides. Statistical information outlining demographic trends in suicide is given in both tabular and graph form. The manual also contains a glossary of technical terms.

(213) Author(s): Miller, Sheldon I.; Schoenfeld, Lawrence S.

Title: Suicide attempt patterns among the Navajo Indians.

Source: International Journal of Social Psychiatry, Vol 17(3): 189-193, Summer 1971.

Format: journal article.

Level: II

This is a report of seven and one-half months of an on-going study of suicide and suicide attempts among the Navajo people. The study was undertaken in order to define the magnitude of the problem and to identify the high risk population. To date there have been only a few studies on successful suicides and even less on suicide attempts. A suicide report form was constructed. Copies were made available to all facilities serving the Navajo Indian Reservation. The physician first having contact with a patient filled out the form and returned it to the authors for review and tabulation. Results show that the highest risk group is younger than the general psychiatric population served. Drug ingestion is the most common method used. We have not found great differences between this population and other non-Indian populations described in the literature. This is true in respect to methods used as well as precipitating events. It seems clear that suicide attempt is a real problem for the Navajo. It is no greater, however, than for other groups of people.

(Journal Synopsis)

(214)

Author(s):	Mills, Marlene C.
Title:	Intervention strategies in a suicidal case.
Source:	Psychological Reports, Vol. 56(3): 718, Jun 1985.
Format:	journal article
Address:	Mills, Inst. Roland - Saucier, LaSalle, QC, Canada.
Level:	II

The intervention approach employed with a suicidal male who presented with symptoms of lethargy, insomnia, loss of appetite, attraction towards death, and suicidal preparation included initial emphasis on the S's perspective, focus on the S's inner strength and resources, clarification of personal confusion, restoration of self-confidence, and a final focus on an integration of the therapist's and S's perspectives.

(Psych Abstract)

(215)

Author(s):	Minde, K.K.
Title:	Suicide in children and adolescents.
Source:	Annals of the Royal College of Physicians and Surgeons of Canada, 19(1): 29-31, Jan 1986.
Format:	journal article
Address:	Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
Level:	II

Dr. Minde provides suicide statistics for children and adolescents in Canada for the year 1983. Twenty-three children aged 10-14 were victims; there were no suicides under age 10. Adolescent suicides (age 15-24) numbered 289. He discusses the etiology of suicide in children and young people as well as suggesting assessment guidelines. A sample of Dr. Pierce's Intent Score Scale is included.

(S.I.E.C.)

(216) Author(s): Moore, Pamela S.; Lewis, Dorothy B.

Title: Useful information on suicide.

Source: US Dept. of Health and Human Services, (Report No. DHHS-ADM-86-1489), 1986.

Format: booklet

Address: National Institute of Mental Health, 5600 Fishers Lane, Rockville, MD, USA, 20857.

Level: I

This booklet was written to provide information on suicide. It begins with a brief explanation of the role of suicide in history. A section describing those who commit suicide looks at various populations: elderly persons, children, adolescents and young adults, males, females, blacks, and persons of different marital status. The next section considers why people commit suicide. It distinguishes between suicide attempters and suicide completers and looks at the relationships between suicide and depression, haplessness, alcoholism, and schizophrenia. Different theories of suicide are discussed and familial influences, biochemical clues, and other factors are considered. Warning signs of suicide are presented, including previous suicide attempts, talk about suicide, planning and making arrangements, personality or behavior changes, and clinical depression. Twelve suggestions are given to help readers prevent a suicide. Various treatments are discussed, including psychotherapy, drug therapy, hospitalization, and electroconvulsive therapy. Prevention efforts at the federal and state levels are identified, private and volunteer initiatives are described, ways of minimizing the means for self-destruction are discussed, and the role of suicide prevention centers and hotlines is explained. For further information, lists of organizations, readings, and places to find help are provided.

(ERIC)

(217) Author(s): Morgan, M. W.

Title: Navajo suicide: cultural etiology of suicide behavior and variant patterns of cultural knowledge about suicide.

Source: Thesis (Ph.D.) - Northwestern University, 1-194, 1973: (Micro E9859M65 1972)

Format: dissertation

Level: III

Report dealing primarily with the Navajo conceptualizations of suicide behavior and the foundations for these conceptions in traditional culture. Four sources were employed: reports of first person attempters, second person relatives and third person laymen and fourth person observer-researcher.

(S.I.E.C.)

(218) Author(s): Morrison, James L.

Title: Youth suicide: An intervention strategy.

Source: Social Work, 32(6): 536-37, Nov-Dec 1987.

Format: journal article

Address: Not available.

Level: II

Suggests school and university intervention strategies for preventing suicides among youths, proposed following a series of teenage suicides in Minnesota: closer liaison and backup for the school counselor, peer counseling services, in-school support groups, faculty in-service on suicide, curricular introduction to coping skills and identification of suicidal risk, and a community forum on youth suicide.

(ERIC)

(219) Author(s): Motto, Jerome A.

Title: Clinical considerations of biological correlates of suicide.

Source: Suicide and Life-Threatening Behavior, Vol 16(2): 83-102, Summer 1986.

Format: journal article

Level: III

Reviews possible biochemical markers for suicide risk but notes that none has clear application for clinical work in suicide prevention. Comments on other biological aspects of suicide,including genetics, plasma drug levels, electroconvulsive therapy (ECT) and psychoimmunology. Encourages ECT use. Cautions against hasty clinical use of other chemicals.

(ERIC)

(220) Author(s): Motto, Jerome A.

Title: Starting a therapy group in a suicide prevention and crisis center.

Source: Suicide and Life-Threatening behavior, Vol 9(11): 47-56, Spr 1979.

Format: journal article

Level: II

This report outlines the experience of one center in establishing a group therapy program, discussing the "readiness" of the center, reservations of the governing board, qualifications and number of group leaders, composition of the group, time-place-duration of meetings, "open" versus "closed" structure, vagaries of obtaining participants, integration with the 24-hour telephone crisis service, problems of confidentiality, and dealing with the suicide of a group member.

(Journal Abstract)

(221)

Author(s):	Motto, Jerome A.; Heilbron, David C.; Juster, Richard P.
Title:	Development of a clinical instrument to estimate suicide risk.
Source:	American Journal of Psychiatry, Vol 142(6):680-686, Jun 1985.
Format:	journal article
Address:	Motto, U California School of Medicine, San Francisco, CA, USA.
Level:	III

Developed an empirical suicide risk scale for adults hospitalized due to a depressive or suicidal state by studying 2,753 suicidal Ss prospectively regarding 101 psychosocial variables. In a 2-yr follow-up, 136 (4.94%) of the Ss had committed suicide. Rigorous statistical analysis, including a validation procedure, identified 15 variables as significant predictors of suicidal outcome. These were translated into a paper-and-pencil scale that gives an estimated risk of suicide within 2 yrs. Such an instrument can provide a valuable supplement to clinical judgment and a quantitative expression of suicide risk.

(Journal Abstract)

(222)

Author(s):	Motto, Jerome A.; Brooks, Richard M.; Ross, Charlotte P.; Allen, Nancy H.
Title:	Standards for suicide prevention and crisis centers.
Source:	Behavioral Publications: Library #V6545.575, ISBN 0-87705-105-4.
Format:	book
Address:	Behavioral Publications, 72 Fifth Avenue, New York, NY, USA, 10011.
Level:	III

The authors noted the lack of effective guidelines or standards for Suicide Prevention Centres in the United States. The purpose of the book is not only to develop standards of conduct but also criteria for the effective running and evaluation for these centres. The authors give explicit criteria, often using a question and answer format, to serve as guidelines in the following areas: adaptation of the centre to its setting (community); organization (board of management, etc.); staffing (professional and nonprofessional volunteer); staff training; service; ethics; and program evaluation. An appendix provides a check list of management practices and programs, desirable and undesirable traits for volunteers and program evaluation information.

(223)

Author(s):	Narveson, Jan.
Title:	Moral philosophy and suicide.

Source: Canadian Journal of Psychiatry, Vol 31(2): 104-107, Mar 1986.

Format: journal article

Level: II

There are two main moral issues regarding suicide: first, whether suicide is morally permissible, and if so, in what circumstances; and second, whether a person who knows that someone is contemplating or attempting suicide has an obligation to intervene and if so, how strong that obligation is. With respect to the first issue, it is difficult to resist the conclusion that suicide is not wrong in itself. To characterize suicide as murder of one's self is incorrect. Even if people who commit suicide deprive the community of some good, there is no general duty to provide good services to others. Theological objections to suicide are not persuasive. And suicide could be rational. For example, if one's scheme of values is to maximize the overall value of experience, and if at some point in the future negative value outweighs positive value, suicide would be rationally indicated. With respect to intervention, different considerations apply to persons involved with someone contemplating or attempting suicide, professionals, and the general public. Those who are involved have their own lives to live and need not alter them even when another person's life is at stake. Professionals should not become paternalistic authorities who keep subjects alive against their will and miserable for indefinite periods. The general public has only a weak duty to save strangers from suicide.

(Journal Abstract)

(224) Author(s): National Native Alcohol and Drug Abuse Program.

Title: Suicide prevention resource material.

Source: Regional Resource Person. Training, National Native Alcohol and Drug Abuse Program, 1-100, Mar 1984.

Format: manuscript

Address: Regional Resource Person. Training, National Native Alcohol and Drug Abuse Program, Ottawa, ON, Canada.

Level: II

Contains information on resource material, community education and prevention strategies for work on suicide among Indians.

(225) Author(s): National Native Alcohol and Drug Abuse Program (Pacific Region).

Title: Suicide Prevention Among British Columbia Indians: Guidelines for helpers.

Source: NNADAP, Pacific Region.

Format: booklet

Level: I

This booklet has been prepared for the use of those who, because of their work in the community, are called upon to deal with people threatening suicide, or those who are left to regret that they did not recognize signs nor hear the cry for help. No booklet can replace the care of patients by trained people, but it is hoped that this one can provide some guidelines to help you handle the emergencies, to recognize the signs of depression that may lead to suicide and to counsel those people at risk until professional help can be obtained. Most Indian people live in areas far from professional help. Even when it is available, some find it difficult to talk with a non-Indian. People in the community need .o know how to listen, what to listen for, and how to respond.

(Booklet Introduction)

(226) Author(s): National Task Force on Suicide in Canada.

Title: Suicide in Canada.

Source: Department of National Health and Welfare Canada, 1987: ISBN 0-662-15341-3, Cat No H39-107/1987E.

Format: report/book

Level: II

The questions about suicide are complex, with many unanswered questions and conflicting theories. This comprehensive report by the National Task Force on Suicide in Canada describes suicide as an action--not an illness. The report defines the problem of suicide in terms of epidemiology (the prevalence of suicide and associated demographic factors), aetiology (causes) of suicide, data collection, and identification of "high-risk" populations such as those suffering from certain mental disorders, youths, elderly, alcohol abusers, Native peoples, persons in custody and the bereaved. It discusses prevention, intervention and postvention programs and their short comings both nationally and for high-risk populations. The legal implications of suicide and suicide prevention are also examined. Recommendations, particularly for research, are outlined and several suicide prevention, intervention and postvention programs are listed and briefly described in the appendix. Suicide rates in Canada, from 1960-85 are given for the nation and broken down by male, female, and province or territory. The national suicide rate for 1983 is 15.1 per 100,000 people, which is higher than the rate of the United States and many European countries.

(227) Author(s): Native Counselling Services of Alberta.

Title: Directory of suicide crisis services in Alberta.

Source: Native Counselling Services of Alberta, Edmonton, Alberta, Canada, 1-176, 1985.

Format: book

Level: II

The Native Counselling Services of Alberta's concern with the Native suicide problem and the formation of a suicide prevention program led to the development of this 1985 Directory. Services are starred to indicate the amount of use by Natives and the availability of Native staff in that agency. NCSA service areas include the Districts of Calgary, Edmonton, Lac La Biche, Lethbridge, Peace River, Slave Lake, Wetaskiwin, and Yellowhead. A bibliography and an appendix of agencies are provided. (NBB).

(S.I.E.C.)

(228)

Author(s):	Native Counselling Services of Alberta.
Title:	Native counselling services of Alberta: Suicide prevention training package.
Source:	Native Counselling Services of Alberta, 164p, 1985.
Format:	book
Address:	Native Counselling Services of Alberta, Edmonton, AB, Canada.
Level:	II

Although the focus of the NCSA SPTP program is suicide prevention, field testing has proved that the skills it teachers may be used in any crisis intervention situation. The package consists of four modules, entitled Attitudes and Knowledge, Suicide Intervention, Living Through Dying, and Community Workshops. Each unit in a module provides teaching guides, exercises or handouts. 49 ref. (NBB).

(S.I.E.C.)

(229)

Author(s):	Neiger, B.L.; Hopkins, R.W.
Title:	Adolescent suicide: Character traits of high-risk teenagers.
Source:	Adolescence, Vol 23(90): 469-75, Summer 1988.
Format:	journal article
Address:	Neiger, Mountain Community Health Choices, Park City, UT, USA.
Level:	IV

Adolescent suicide rates are increasing and are currently higher than ever recorded. Thus, it has become essential for health professionals, counselors, and parents to become familiar with characteristics of the high-risk teenager. This article examines personality traits and life circumstances which place an adolescent at higher risk for suicide. Among the variables examined are: depression, acute suicidal behavior, poor family relationships, alcohol and drug use, recent loss, failure in school, and other characteristics. As adolescents pass through difficult life stages successfully, teenage suicides will decrease. Professional helpers and parents must be able to recognize the signs which are discussed and take an active role in prevention and/or intervention.

(Medline)

(230)

Author(s):	Nelson, F.L.
Title:	Evaluation of a Youth Suicide Prevention School Program.
Source:	Adolescence, Vol 22(88): 813,25.
Format:	journal article
Address:	Nelson, Institute for Studies of Destructive Behaviours, Los Angeles, CA, USA 90006.
Level:	IV

Adolescent suicide is a subject of increasing national concern. In California, this problem was addressed through the implementation of a three-year youth suicide prevention school program established by legislative mandate in 1983. Findings for the first two years of the program indicate significant gains in understanding of youth suicide prevention techniques for those high school students who completed a four-hour training course. School staff and parents completing 90-minute youth suicide awareness seminars indicated that they most appreciated receiving practical advice and resources they could use in responding to a potentially suicidal young person.

(Medline)

(231)

Author(s):	Nelson, Franklyn L.
Title:	Suicide: Issues of prevention, intervention, and facilitation.
Source:	Journal of Clinical Psychology, Vol 40(6): 328-1333, Nov 1984.
Format:	journal article
Address:	Nelson, The Institute for Studies of Destructive Behaviors and the Suicide Prevention Center, 1041S. Menlo Avenue, Los Angeles, CA, USA, 90006.
Level:	III

The practice of suicide prevention directs the suicidal person to continue living despite the presence of a wish to die. In contrast, the concept of suicide intervention attempts to maintain a relatively more neutral position, one that allows for the possibility of death facilitation as well as prevention. The concept of suicide intervention implies the appropriateness of suicide for certain chronically distressed individuals and anticipates the emergence of prodeath intervention as a valid clinical procedure. A proposed suicide intervention model is contrasted with the goals and methods of existing suicide prevention and crisis counseling services. The issues of an appropriate death, premature death, an ambivalent attraction to death, and continued living in the face of chronically low life satisfaction are discussed.

(Journal Abstract)

(232)

Author(s): Neville, Doreen; Barnes, Sharon.

Title: The suicidal phone call.

Source: Journal of Psychosocial Nursing and Mental Health Services, Vol 23(8): 14-18, Aug 1985.

Format: journal article

Address: Neville, Staff Education Department, Waterford Hospital, Waterford Bridge Road, St. John's, NF, Canada, A1E 4J8.

Level: II

Describes the lethality assessment of a suicidal caller conducted through specific questioning regarding the plan, previous history of attempts, resources available, and current stressors. Suggestions for handling the caller are provided, such as reinforcing positive responses, avoiding reflection of feelings, providing alternate avenues of expression, and acknowledging the person's distress. It is argued that the primary intervention with a suicidal caller is to keep the individual talking; negotiation of a "no-suicide contract" can assist in linking the caller with the necessary crisis intervention facility and delay any impulsive self-destructive act. The importance of documenting information about the suicide call is emphasized, and it is noted that the record should be completed as more information becomes available. A sample suicide call report is included.

(Psych Abstract)

(233)

Author(s): New York State Education Dept.

Title: Suicide among school age youth.

Source: New York State Education Dept., Dec 1984.

Format: pamphlet

Address: New York State Education Dept., Albany, NY, USA.

Level: I

This pamphlet is designed to assist school personnel in dealing with youth suicide by providing information, and prevention, intervention, and postvention activities. The foreword briefly covers problems facing adolescents that may lead to suicide, and mentions the after effects on the family, school, and community. A message from New York Lieutenant Governor Del Bello is included, in which he urges the formation of a federal commission to investigate causes and prevention of youth suicide. Estimates of the incidence of suicide are given, as well as specific reasons for the increase in suicides. Characteristics of the at-risk population are listed, and prevention, intervention, and postvention activities are briefly discussed. A quick reference guide and summary for identification and action includes a Risk Assessment Checklist, counseling guidelines, and a list of important facts and fables about suicide. Eleven references are included. Appendices include the names and addresses of Children and Youth Services operated by New York State Psychiatric Centers, New York State Division for Youth Field Representatives, New York State Mental Hygiene Commissions and County Mental Health Directors, New

York State Poison Control Centers, and New York City Suicide Prevention Hotline numbers.

(ERIC)

(234)

Author(s):	Nissen, T.; Haggag, A.
Title:	Parasuicidal Snow-wandering in Arctic Northern Norway.
Source:	Acta Psychiatr Scand, Vol 77(3): 309-13, Mar 1988.
Format:	journal article
Address:	Nissen, Asg.ANG.ard Psychiatric Hospital, Norway.
Level:	IV

Psychiatric morbidity in the Arctic has not been extensively studied. Seasonal variations in climate, light and darkness are unique for these areas and impose special kinds of strains on the population. Three case-histories focusing on snow-wandering as a para-suicidal act are presented. One of them bears some resemblance to the Arctic hysteria described among Eskimos. Reasons for choosing snow-wandering as an alternative to other kinds of suicide are discussed and a hypothesis is suggested. The psychological and physiological factors as explanations for post snow-wandering amnesia are discussed.

(Medline)

(235)

Author(s):	Ogden, M.; Spector, M. I.; Hill, C.A.
Title:	Suicides and homicides among Indians.
Source:	Public Health Reports, Vol 85(1): 75-80, Jan 1970.
Format:	journal article
Level:	III

The purpose of this study is to compare suicide and homicide statistics for American Indians with those for the general U.S. population for the period 1959-67. Until 1967, crude rates for this group were only slightly higher than those for all races, ranging from 1 to 1.2 times as high. In 1967, however, rates of suicide increased to twice the rate of the general population. Tables 1-5 compare rates of suicide, suicide/homicide, age specific suicide rates for Indians, Eskimos and other U.S. races.

(S.I.E.C.)

(236)

Author(s):	Ojanlatva, Ansa et. al.
Title:	The ultimate rejection: Helping the survivors of teen suicide victims.
Source:	Journal of School Health, Vol 57(5): 181-82, May 1987.
Format:	journal article
Address:	Not available.
Level:	II

The impact of teen suicide on the survivors is discussed, and an outline is presented for educational and administrative postincident intervention guidelines for schools.

(ERIC)

(237)

Author(s): Osgood, N.J.

Title: The alcohol-suicide connection in late life.

Source: Postgrad Medicine, Vol 81(4): 379-84, Mar 1987.

Format: journal article

Address: Osgood, Gerontology Department, Virginia Commonwealth University, Medical College of Virginia, Richmond, VA, USA 23298-0001.

Level: III

The many losses and stresses of late life, often accompanied by feelings of loneliness and depression, make the elderly especially vulnerable to alcoholism and suicide. The elderly alcoholic is at significant risk for suicide. The major factors in geriatric alcoholism and suicide are depression (manifested by changes in sleeping and eating patterns, somatic complaints, and apathy), stress and loss, and helplessness and hopelessness. Alcoholism in the elderly can be detected and effectively treated, thus reducing the risk of suicide. Family and friends, physicians, and society all have a role in preventing alcoholism in the elderly.

(Medline)

(238)

Author(s): Ottens, Allen J.

Title: Evaluation of a crisis training program in suicide prevention for the campus community.

Source: Crisis Intervention, Vol 13(1): 25-40, 1984.

Format: journal article

Level: III

Administered a questionnaire pre- and posttest to 31 students, faculty, and staff of a college crisis training program in suicide prevention. Ss' responses were compared to the "expert" responses of 7 professional staff members of the university's psychological services. Despite a generally high correlation between participants and professionals' responses, noteworthy posttest changes were found and are reviewed for significance in the prevention of college suicide.

(Psych Abstract)

(239)

Author(s): Parkin, Michael.

Title: Suicide and culture in Fairbanks: A comparison of three cultural groups in a small city of interior Alaska.

Source: Psychiatry, Vol 37(1): 60-67, Feb 1974.

	Format:	journal article
	Address:	Parkin, Erie County Suicide Prevention & Crisis Service, Buffalo, NY, USA.
	Level:	II

Compares suicide patterns of non-natives (generally whites), Athabascans, and Eskimos in the city of Fairbanks. Natives have a higher per capita rate of suicide and suicide attempts than whites. This is attributed to the movement of emotionally disturbed natives to cities and to the sociocultural factors that contribute to their frustration and devaluation once there. Eskimos are more vulnerable than Athabascans because their upbringing is more sheltered, which makes them more in need of an emotionally supportive environment.

(Psych Abstract)

(240)	Author(s):	Pary, R.; Lippman, S.; and Tobias, C.R.
	Title:	A preventive approach to the suicidal patient.
	Source:	Journal of Family Pract, Vol 26(2): 185-9, Feb 1988.
	Format:	journal article
	Address:	Pary, Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Louisville, Louisville, KY, USA, 40208.
	Level:	IV

Physicians may have the opportunity to prevent suicide. An awareness of suicide risk factors, such as depression, alcoholism, drug abuse, schizophrenia, and chronic pain or disease, may facilitate suicide prevention. Recognition of acute and chronic suicidal vulnerability occurs through direct questioning. Psychiatric consultation is indicated for patients exhibiting clear self-injury risk, as exemplified by expressed suicide intent, an overt plan for death, or a "gesture." Hospitalization is usually recommended for socially isolated patients presenting with overt suicidal ideation, complicated by injurious self-harm, encephalopathy, or substance abuse. Family involvement and a "no-suicide" contract with the patient, coupled with close outpatient follow-up appointments, should suffice for those exhibiting milder or transient thoughts of suicide without manifest intent to die.

(Medline)

(241)	Author(s):	Peck, Michael L.; Farberow, Norman L.; Litman, Robert E.
	Title:	Youth suicide.
	Source:	Springer Publishing Company, New York, 1985: Library # HV6546.Y68 1985, ISBN 0-8261-4480-2.
	Format:	book
	Level:	III

Highlighting the proceedings of the conference sponsored by the Institute for studies of Destructive Behavior and the Suicide Prevention Center in the fall of 1980, *Youth Suicide* contains updated and rewritten material (in article form) on youth suicide, written by several prominent authors/researchers in the field of suicidology. Issues that are examined include: the bases of self-destructive behavior, clinical and field research, family involvement, pharmalogical treatment, psychiatric care, prevention (primary, school, programs etc) education, intervention, myths, behaviors, bipolar affective disorder (B-PAD) and case studies. The book also contains an overview of the topic which focuses on the need for education and direct preventative measures. A summary at the end of the book presents a capsulized discussion of many diagnostic, treatment, prevention and mental health issues.

(242)

Author(s):	Pelej, John P.
Title:	Help your school survive a suicide.
Source:	Executive Educator, Vol 9(4): 26-31, Apr 1987.
Format:	journal article
Address:	Not available.
Level:	II

Describes a Wisconsin middle school's step-by-step plan for dealing with student suicide. The plan calls for maintaining a normal school day and providing counselling services directed by an interview team (counselors, social workers, and teachers) trained to help people handle suicide. Tips for managing suicide's impact are provided.

(ERIC)

(243)

Author(s):	P)licier, Yves.
Title:	En torno a la historia del suicidio [Concerning the history of suicide].
Source:	Psicopatologia, Vol 5(2): 85-89, Apr-Jun 1985.
Format:	journal article
Level:	II

Traces concepts relating to suicide from the ancient Greek stoics through the 19th and 20th centuries. The relationship between suicide and religion or meaningfulness is a basic concept in the study of suicide, and this relationship has important implications for suicide prevention efforts. Suicide rarely occurs without concomitant disease, unhappiness, or loss of well-being.

(Psych Abstract)

(244)

Author(s):	Peniston, Eugene G.
Title:	The ego strength scales as a predictor of Ute Indian suicide risk.

	Source:	White Cloud Journal, Vol 1(2): 17-19, Fall 1978.
	Format:	journal article
	Address:	Peniston, US Public Health Service, Indian Health Ctr, Roosevelt, UT, USA.
	Level:	III

MMPI scores on the Depression and Ego Strength scales for a random sample of 30, 17-59 yr old Ute suicidal outpatients were correlated with the number of suicide attempts and the number of attempts made while drinking alcohol. Raw scores on the Ego Strength scale were significantly correlated with the number of suicide attempts. All Ss with low scores on the Ego Strength scale had been drinking alcohol when they attempted suicide.

(Psych Abstract)

(245)	Author(s):	Pentikäinen, Juha.
	Title:	Voluntary death and single battle: Suicidal behavior and Arctic world views.
	Source:	Psychiatria Fennica, Suppl, 123-136.
	Format:	journal article
	Address:	Pentikinen, U Helsinki, Helsinki, Finland.
	Level:	II

Discusses suicides among indigenous Arctic peoples from a cultural and social viewpoint. In Siberia, voluntary death (in which a person requests to be killed by friends) is common among the Chukchi, who consider violent death to be more appropriate than dying by illness or in old age. Other native tribes consider suicide to be an honorable death or a necessity to be committed by someone who has cause for shame. Among the Aleuts, suicide became more common because of persecution by the Russians; such suicides may be considered ethnocides. Aleuts were also known to commit suicide as a response to the death of a loved one. The Eskimos are known to accept suicide and to consider it as proof of extreme bravery. Among the Kaska Indians, attempted suicide by men is likely to occur during intoxication. Unsuccessful suicide attempts are often made as please for emotional nurturance among these people. The concept of suicide in Arctic world views is discussed with regard to native religion, social structure, and concepts of death and the soul.

(Psych Abstract)

(246)	Author(s):	Perrone, Philp A.
	Title:	Counselor response to adolescent suicide.
	Source:	School Counselor, Vol 35(1): 51-57, Sep 1987.
	Format:	journal article
	Address:	Not available.
	Level:	II

Summarizes major research findings on adolescent suicide, presents a suicide chronology developed by Hawton (1986), and provides a selected list of references. Discusses five goals for counselor intervention with student at risk for suicide and explains how school personnel can work to prevent adolescent suicide.

(ERIC)

(247)

Author(s):	Peters, R.
Title:	A computer information system in a suicide prevention centre.
Source:	Canada's Mental Health, Vol 34(3): 2-4, Sep 1986.
Format:	journal article
Address:	Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
Level:	III

The process of planning and implementing a computer information system in a suicide attempt counselling service is described. The discussion highlights the importance of (a) involving line workers at all stages (b) clearly defining the uses the data will be put to (c) establishing a forum for periodic reviews of the system. The hardware and software options that were chosen are also described.

(S.I.E.C.)

(248)

Author(s):	Peters, Ron.
Title:	Suicidal behavior among Native Americans: An annotated bibliography.
Source:	White Cloud Journal, Vol 2(3): 9-20, 1981.
Format:	journal article
Address:	Peters, 1959 Grant Street, Vancouver, BC, Canada, V5L 2Z1.
Level:	II

This annotated bibliography on suicidal behavior of American Indians, Canadian Natives and Alaska Natives includes 65 citations to articles which have been published in scholarly journals or by the Federal government, or which were presented at major conferences. The articles include anthropological, medical, and psychological treatments. Annotations cover the design, results, and conclusions of the studies as well as brief statements about the articles' limitations and usefulness.

(Psych Abstract)

(249)

Author(s):	Peters, Ron; Termansen, Paul E.
Title:	Trends in the demography of suicide in Canada.

Source: Health & Welfare Canada Task Force on Suicide, May 1982.

Format: report

Address: Termansen, 1415 Bellevue Ave., West Vancouver, BC, Canada, V7T 1C3.

Level: III

Reported suicide in Canada has increased dramatically over the last 20 years, both in relative terms (as a proportion of all deaths) and in absolute terms (as an annual incidence rate per 100,00 in the general population). It is estimated that an average of more than two million years of life are prematurely lost to suicide per annum in Canada. Despite the consistently higher rates among men, the pace of this increase has been greater among women, as evidenced by significant reductions in the ratio of male-to-female suicide rates. The modal age group includes people in the 40 to 64 year-old range, with suicide rates declining both before and after middle age. The most pronounced relative increases are found, however, among the youngest age groups. The suicide rate among 10 to 19 year-old males, for example, increased by some 750% over the last half century. The older males, by comparison, show no significant changes in rates over these fifty-three years, while suicide among those aged 70 and over actually appears to be declining, but not markedly so.

(Report Abstract)

(250) Author(s): Pfeffer, Cynthia R.

Title: Suicidal fantasies in normal children.

Source: The Journal of Nervous and Mental Disease, Vol 173(2): 78-83, 1985.

Format: journal article

Address: Pfeffer, The New York Hospital-Westchester Division, 21 Bloomingdale Road, White Plains, NY, USA, 10605.

Level: III

This study of a randomly selected sample of 101 schoolchildren, who had no history of previous psychiatric symptomatology, showed that approximately 12% of the children had suicidal impulses. Verbatim statements of the children about their suicidal tendencies are presented. Case vignettes illustrate the common occurrence of parental depression and suicidal behavior and the child's identification with these depressed parents. Clinical implications of these findings are discussed.

(Journal Abstract)

(251) Author(s): Phillips, David P.; Carstenson, Lundie L.

Title: Clustering of teenage suicides after television news stories about suicide.

Source: The New England Journal of Medicine, Vol 315(11): 685-89, Sep 1986.

Format: journal article

Address: Phillips, Department of Sociology, University of California at San Diego, La Jolla, CA, USA, 92093.

Level: III

We examined the relation between 38 nationally televised news or feature stories about suicide from 1973 to 1979 and the fluctuation of the rate of suicide among American teenagers before and after these stories. The observed number of suicides by teenagers from zero to seven days after these broadcasts (1666) was significantly greater than the number expected (1555; P - 0.008). The more networks that carried a story about suicide the greater was the increase in suicides thereafter (P - 0.0004). These findings persisted after correction for the effects of the day of the week, the month, holidays, and yearly trends. Teenage suicides increased more than adult suicides after stories about suicide (6.87 vs. 0.45 percent). Suicides increased as much after general information or feature stories about suicide as after news stories about a particular suicide. Six alternative explanations of these findings were assessed, including the possibility that the results were due to misclassification or were statistical artifacts. We conclude that the best available explanation is that television stories about suicide trigger additional suicides, perhaps because of imitation.

(Journal Article)

(252) Author(s): Philips, David P.; Wills, John S.

Title: A drop in suicide around major national holidays.

Source: Suicide and Life-Threatening Behaviour, Vol 17(1): 1-12, Spr 1987.

Format: journal article

Level: II

Examined suicides from 1973 to 1979. Memorial Day, Thanksgiving, and Christmas were associated with an unusually low risk of suicide before, during, and after the holiday. New Year's Day, July 4th, and Labor Day were associated with a low risk of suicide before the holiday and a high risk just afterwards. Only white teenagers deviated from this pattern.

(ERIC)

(253) Author(s): Pine, Charles J.

Title: Suicide in American Indian and Alaska Native tradition.

Source: White Cloud Journal of American Indian/Alaska Native Mental Health, Vol 2(3): 3-8, 1981.

Format: journal article

Address: Pine, American Indian Studies Center, 405 Hilgard Ave., UCLA, Los Angles, CA, USA, 90024.

Level: III

Suicide is not a new phenomenon among American Indians and Alaska Natives. The tradition of suicide among tribes of various culture areas, its motives and methods are explored in this paper. Some traditions contrast with the modern situation such as the historically higher rate of suicide among Indian women than men. Many of the tribes believed a person who committed suicide could not enter the afterworld, but in certain situations suicide was acknowledged as being the right thing to do. Despite these occasional sanctions, suicide appears to have been infrequent among pre-contact tribes.
(Journal Abstract)

(254)

Author(s):	Pohlmeier, Hermann.
Title:	Suicide and euthanasia - Special types of partner relationships.
Source:	Suicide and Life-Threatening Behavior, Vol 15(2): 117-23, Summer 1985.
Format:	journal article
Level:	III

Concentrates on the joint issues of suicide and euthanasia in the context of the doctor-patient relationship. An new evaluation of suicide prevention and euthanasia, especially as they relate to the training of medical students and doctors is advocated.
(ERIC)

(255)

Author(s):	Polk, Sophie.
Title:	Helping our children.
Source:	Children Today, Vol 16(5): 19-20, Sep-Oct 1987.
Format:	journal article
Address:	Not available.
Level:	II

Describes the Ikaiyurluke Mikelnguut (Helping Our Children) project in the Yukon Kuskokwim Delta of Alaska where trained natural helpers re helping Yup'ik Eskimo villagers to cope with crisis situations--notably teenage suicide and drug and alcohol abuse.
(ERIC)

(256)

Author(s):	Pollard, Robert.
Title:	Your role in suicide prevention.
Source:	Perspectives for Teachers of the Hearing Impaired, Vol 5(1): 19-22, Sep 1986.
Format:	journal article.

Level: I

This article dealing with suicide intervention with the hearing impaired is sufficiently general to be applicable in any situation. The ten question Suicide Pre-test, quizs the reader's knowledge about the subject. Suicide is the third leading cause of death for young people and is frequently noted among the hearing impaired. Suicide prevention and intervention may be done most effectively by people who have daily contact with young people. When signs of suicidal behaviour are observed, a person should assume responsibility by involving him/herself, listening and involving others. Suicide risk may be judged by the number and intensity of the following factors: verbal signs, behavioral signs, stressors, post history, suicide plan and resources. The three parts of the intervention process outlined by the Suicide Decision Tree are monitoring, investigation, and intervention (with supervisor).

(257)

Author(s):	Prasad, Ashoka J.
Title:	Neuroendocrine differences between violent and non-violent parasuicides.
Source:	Neuropsychobiology, Vol 13(4): 157-159, Sep 1985.
Format:	journal article
Address:	Prasad, Queen Charlotte's Maternity Hosp, London, England.
Level:	III

Compared 13 male patients who had used violent means of parasuicide (e.g., jumping from a height and hanging) with 19 male patients who had slashed their wrists, on 24-hr urinary cortisol levels and on 24-hr urinary norepinephrine to epinephrine ratios. Ss were aged 31-57 yrs. 15 Ss had a diagnosis of depressive illness, 1 S was a schizophrenic, and the others did not have a psychiatric diagnosis. All depressed Ss were on antidepressants, and the schizophrenic was on neuroleptics. Results of 24-hr urinary determination of endocrine functioning repeated every week for 4 wks indicate that violent parasuicides had significantly higher 24-hr urinary cortisol levels and significantly lower 24-hr norepinephrine to epinephrine ratios. It is suggested that the tests, used in conjunction with the other established neuroendocrine markers, can be of assistance in determination of suicidal intent.

(Psych Abstract)

(258)

Author(s):	Resnik, J.L.P.; Dizmang, Larry H.
Title:	Observations on suicidal behavior among American Indians.
Source:	American Journal of Psychiatry, Vol 127(7): 882-887, Jan 1971.
Format:	journal article
Level:	II

The authors discuss the sociocultural factors that have produced suicide rates on some Indian reservations that are significantly higher than the national average. Among the most important of these factors are the breakdown of traditional values and patterns of behavior resulting from enforced residence on reservations, geographical isolation, widespread unemployment, and a high incidence of alcoholism.

(Journal Abstract)

(259)

Author(s):	Reynolds, David K.
Title:	Morita therapy and suicide prevention.
Source:	Crisis, Vol 5(1): 37-44, Jul 1984.
Format:	journal article
Address:	Reynolds, ToDo Inst, Los Angeles, CA, USA.
Level:	III

Describes the method of therapy developed by Morita, a Japanese professor of psychiatry in the 1920s which has continued to be practiced in Japan and has been adapted for Western clients as well. Morita's philosophy proposes that emotions, including those of a suicidal nature, are uncontrollable by mental effort alone, but they can be influenced through purposefully directed behavior. Without ignoring, denying, or attempting to suppress feelings, an individual can build life on behavior and on living with attention to each moments activity. The case of a male client, who had self-destructive feelings attached to a homosexual panic, illustrates how the therapist works together with the patient not to erase self-destructive feelings, but to outgrow them.

(Psych Abstract)

(260)

Author(s):	Reynolds, David K.; Farberow, Norman L.
Title:	Suicide: Inside and out.
Source:	University of California Press, Berkeley, 1976: Library No: RC 569.R49; ISBN: 0-520-03103-2.
Format:	book
Address:	University of California Press, Berkeley, CA, USA.
Level:	III

One of the authors, an anthropologist posing as a depressed, suicidal patient, entered a Veteran's Administration neuropsychiatric hospital as part of an experimental study. The purpose of the study was to augment traditional data collection means such as analysis of records, observation and interviewing of both staff and patients with a reliable patient's perspective. The first part of the book reviews literature and provides background information on previous studies in neuropsychiatric hospitals. The description of the preparation and organizational phase of the study emphasizes staff perspectives on suicidal patients and suicidal status. The third part gives a complementary patient perspective through the anthropologist's experiences in the hospital. Based on an

analyses of all data, a broad framework for understanding suicide during and shortly after psychiatric hospitalization and presents some suggestions for meaningful prevention.

(261)

Author(s):	Reynolds, P.; Eaton, P.
Title:	Multiple attempters of suicide presenting at an emergency department.
Source:	Canadian Journal of Psychiatry, Vol 31(4): 328-330, May 1986.
Format:	journal article
Address:	Suicide Information and Education Center, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
Level:	III

Data from 463 patients with self inflicted injuries, comparing 99 multiple suicide attempters (MSAs) with 1st attempters were rated on lethality, intent and hopelessness scales. Fourteen per cent of the total suicide attempt population were found to be chronic. MSAs showed more chronicity, poorer coping histories of suicidal behavior and positive histories of substance abuse. MSAs also had higher lethality and depression ratings, were less impulsive and more often admitted following an attempt.

(S.I.E.C.)

(262)

Author(s):	Robertson, B.M.; Campbell, W.; Crawford, E.
Title:	Risk versus motivation: The emergency room treatment of attempted suicide.
Source:	Canadian Journal of Psychiatry, Vol 32(2): 136-42, March 1987.
Format:	journal article
Address:	Robertson, McGill University, Montreal, QC, Canada.
Level:	III

This paper deals with patients who attempt suicide, focusing on their evaluation in the emergency room. It is suggested that as the actual risk of completed suicide in suicide attempters is low, the evaluating psychiatrist might preferentially focus on assessing the patient's motivation for self-destructive behaviour. Recent studies are reviewed which demonstrate a linkage between self-destructive acts and the status of relationships with significant others. An illustrative case history is presented.

(Medline)

(263)

Author(s):	Robins, Eli.
Title:	Suicide.

	Source:	Comprehensive Textbook of Psychiatry IV, 4th edition*, Editors, Harold I. Kaplan and Benjamin J. Sadock, Williams & Williams, Baltimore, 1985, 1311-1315.
	Format:	textbook: Library No RC454C637 1985, ISBN 0-683-04511-3.
	Address:	Williams & Williams, 428 East Preston Street, Baltimore, MD, 21202 USA.
	Level:	III

Because such factors as hysteria and antisocial personality are more often associated with attempted rather than completed suicide, a distinction is made between them. Completed suicides are more strongly associated with either alcoholism or the depressive phase of affective disorder than with psychiatric or other illnesses. A feeling of hopelessness is often also associated with a completed suicide. Terminally ill people rarely commit suicide though suicide completers may believe that they have a terminal or untreatable illness. Seemingly "well" suicides may result from undiagnosed conditions. Demographic predictors of suicide show that men are three times more likely than women to complete suicide, that twice as many White men complete suicide than Black men and that suicide risk for White men increases with age. Between 50-80% of completed suicides communicated their suicidal intent beforehand. Other predictors which are more likely to affect a chronic condition like alcoholism than an episodic condition like affective disorder include death(s) of someone close, job-related stress, physical illness and school, marital and sex-related problems. Immediate hospitalization in a closed psychiatric ward is suggested for people who appear at risk. A call is made to establish better criteria for hospitalization, public education, and a variety of measures including gun control and research on affective disorders.

*Text also contains minor segments on life-threatening behaviour, adolescent suicide, euthanasia, suicide and incarcerations.

(264)	Author(s):	Rosenberg, M.L.; Smith, J.C.; Davidson, L.E.; and Conn, J.M.
	Title:	The emergence of youth suicide: An epidemiologic analysis and public health perspective.
	Source:	Annual Rev Public Health, Vol 8: 417-40, 1987.
	Format:	journal article
	Address:	Rosenberg, Division of Injury Epidemiology and Control, Centers for Disease Control, Atlanta, GA, USA, 30333.
	Level:	III

In this epidemiologic analysis, we examine death certificate data to identify significant patterns and trends in suicide in the United States. Although the overall suicide rate did not change from 1950 to 1980, fundamental and important changes did occur: suicide rates among older persons decreased and rates among younger persons increased markedly. Suicide rates have increased most dramatically among young white men aged

15 to 24. From 1950 to 1980, rates among white males aged 15 to 19 increased by 305%; among white males aged 20 to 24, by 196%. The percentage of suicides in which firearms were used has also increased markedly, most dramatically in young men and women. These fundamental changes in the pattern of suicide in the United States have critical implications for how the mental health and public health communities approach the problem. Suicide has traditionally been considered a mental health problem, and our approach to prevention was based on a portrait of the typical suicidal individual as an older, depressed, white male. The basic prevention strategy involved detection and treatment of depression. If, as some recent research suggests, most young persons at high risk for suicide are not depressed, the whole approach to prevention must be reexamined. There is an urgent need to reexamine and advance our understanding of what causes suicide. Who are the persons at greatest risk, and what can be done to prevent these deaths? Although increased use of drugs and alcohol has been proposed as a possible cause of the increase in suicides, it is only one hypothesis among others that must be examined. The significance of mental illness, suicide clusters and contagion, and the availability of firearms need further study as possible second leading cause of death among young persons aged 15 to 24. A problem of this magnitude should be given high priority by the public health community in planning and implementing research and interventions.

(Medline)

(265)

Author(s):	Ross, Colin A.; Davis, Brian.
Title:	Suicide and parasuicide in a Northern Canadian Native community.
Source:	Canadian Journal of Psychiatry, Vol 3(4): 331-334, May 1986.
Format:	journal article
Address:	Ross, U Manitoba, Winnipeg, MB, Canada.
Level:	III

This report describes suicide and parasuicide in a small, remote northern Canadian native community for a three-year period from 1981 to 1984. The overall rate for suicide was 77 per 100,000, with a rate of 241 for male Treaty Indians age 20 - 24. Parasuicide in the form of overdose was epidemic, with a rate of 7,772 per 100,000 in Treaty Indian females age 15-19. None of the completed suicides had previous contact with the mental health system or previous parasuicides. The public health implications of these figures are discussed.

(Journal Abstract)

(266)

Author(s):	Rotheram, M.J.
Title:	Evaluation of imminent danger for suicide among youth.
Source:	American Journal of Orthopsychiatry, Vol 57(1): 102-10, Jan 1987.
Format:	journal article

Address: Rotheram, College of Physicians and Surgeons, Columbia University, New York, NY, USA, 10027.

Level: III

Problems with current strategies for assessing suicide risk are discussed and a two-tier method for evaluating imminent danger among adolescents is proposed. First, statistically-based data on suicide risk factors are collected; second, coping ability is assessed by having youths promise in writing not to try suicide, compliment themselves and others, assess their feelings; and develop a plan for dealing with suicidal circumstances.

(Medline)

(267) Author(s): Roy, Alec; Linnoila, Marku.

Title: Alcoholism and suicide.

Source: Suicide and Life-Threatening Behavior, Vol 16(2): 244-73, Summer 1986.

Format: journal article

Level: II

Reviews knowledge about suicide in alcoholism; how commonly suicide among alcoholics occurs; which alcoholics commit suicide and why; suicide among alcoholic women and alcoholic physicians; possible predisposing biological factors; possible linkages with depression, adverse life events, and personality disorder; and future research and directions.

(ERIC)

(268) Author(s): Sadoff, Wallace L.; Crandall, Arlene B.

Title: A multidisciplinary team suicide prevention program.

Source: Paper presented at the Annual Meeting of the National Assoc. of School Psychologists (19th, New Orleans, LA) 13 p., Mar 4-8, 1987.

Format: manuscript

Address: Not available.

Level: III

In response to the recent suicide epidemic, many school districts have struggled to devise suicide prevention procedures. Smithtown Central School District in St. James, New York developed procedures in 1983 using research data on the warning signs and risk factors relating to the suicidal child. These procedures focus on a multidisciplinary team approach to suicide prevention. By involving all the professionals in the school setting, these procedures combat the suicidal impulse at its most basic level. The implementation of the procedures establishes a network of support for the suicidal child, thereby alleviating the overwhelming feeling of isolation. This network of support is extended into the community through parent involvement; presentation to local civic groups; and

direct contact with hospitals, clinics, and private practitioners. This paper examines the warning signs and risk factors associated with a suicidal child and describes the Smithtown approach to suicide prevention. Low, medium, and high risk case studies are included to illustrate the multidisciplinary steam members' involvement at each stage of the crisis.
(ERIC)

(269)

Author(s):	Saffer, Jerry B.
Title:	Group therapy with friends of an adolescent suicide.
Source:	Adolescence, Vol 21(83): 743-45, Fall 1986.
Format:	journal article
Level:	II

This paper describes a group of adolescents who met with a therapist after a friend had committed suicide. The purpose of the group was to discuss the feelings engendered by the suicide. The setting up of the group, an explanation of the victim's difficulties and issues dealt with by the group are described.
(ERIC)

(270)

Author(s):	Safran, Stephen P.; Lehman, Cynthia, J.
Title:	Suicidal behavior in preadolescent children: A growing concern.
Source:	Journal of Special Education, Vol 11(1): 17-22, 1987.
Format:	journal article
Address:	Not available.
Level:	II

Preadolescent suicide appears to be increasing, although less than 1% of the attempters are successful. Several high risk factors of preadolescent suicide including depression, family pathology, and a child's cognitive concept of death have been identified. Educators should refer children who threaten or attempt suicide to mental health services.
(ERIC)

(271)

Author(s):	Santora, D; Starkey P.
Title:	Research studies in American Indian suicides.
Source:	Journal of Psychosocial Nursing and Mental Health Services, Vol 20(8): 25-29, 1982.
Format:	journal article
Level:	III

Review of selected research literature among Southwestern and Northwestern Indian Tribes. The authors report that the research shows motives for Indian suicide stem from

both sociocultural forces and from intra-psychic variables. Acculturation and integration increasingly induce identity crises, especially for the young.

(S.I.E.C.)

(272)

Author(s):	Sartorius, Norman.
Title:	Introducción al Simposio Internacional sobre el suicidio. [Introduction to the International Symposium on Suicide].
Source:	Psicopatología, Vol 5(2): 81-84.
Format:	journal article
Address:	Sartorius, WHO Div of Mental Health, Geneva, Switzerland.
Level:	III

Analyzes epidemiological data concerning suicide in European countries, noting trends and describing preventive strategies. The lowest and highest suicide rates in Europe are found in Greece and Hungary, respectively. Suicide rates appear to be increasing for adolescents, women, and elderly persons. A basic activity in suicide prevention is to identify high risk groups and to provide effective interventions with these groups.

(Psych Abstract)

(273)

Author(s):	Schuckit, Marc A.; Schuckit, Judith J.
Title:	Substance use and abuse: A risk factor in youth suicide.
Source:	Secretary's Task Force on Youth Suicide Conference, May 1986
Format:	research paper
Address:	Secretary's Task Force on Youth Suicide, Bethesda, MD, USA.
Level:	III

This paper presents an overview of the relationship between substance use or abuse and suicidal behavior among adolescents. The comments begin with the review of the epidemiology of suicide attempts and completions; documenting an overall increase in these behaviours over the last two decades for all age groups, including young people. An association between self-destructive acts and substance use or misuse is then documented through notation of the use of substances as vehicles for the suicidal behaviour, the intake of substances immediately prior to attempts, the high rate of self-inflicted harm documented by longitudinal studies of substance abusers, and the relatively close association between substance misuse and suicide among psychiatric patients. Potentially important but less direct association between substances and suicide include the enhanced risk for both problems within the context of a number of early onset disorders including the antisocial personality disorder, the borderline personality, and somatization disorder. The potentially important ties between substances and self-harm is also explored

as they relate to genetic influences in alcoholism, affective disorders, and schizophrenia. Some clinical and research implications of these findings are discussed.

(Report Abstract)

(274)

Author(s): Seiden, Richard H.

Title: Mellowing with age: Factors influencing the nonwhite suicide rate.

Source: International Journal of Aging and Human Development, Vol 13(4): 265-284, 1981.

Format: journal article

Address: Seiden, U California School of Public Health, Berkeley CA, USA.

Level: III

The age patterning of white and nonwhite suicide rates reveals a marked and consistent divergence: white suicide rates increase with age; however, nonwhite suicide rates peak in youthful years and decline during middle and older ages. Six explanatory hypotheses are proposed to account for the divergence: 1) differential life expectancy; 2) deviant burnout; 3) screening out of the violence-prone; 4) role and status of the elderly; 5) traditional values; and 6) age-specific motives. Discussion and analysis of the proposed hypotheses indicate that they do operate in the direction of reducing the suicide rates of elderly nonwhites, thereby contributing to the observed age discrepancy in white and nonwhite suicide rates.

(275)

Author(s): Seva, Diaz A.

Title: Los intentos de suicidio [Suicidal attempts].

Source: Psiquis: Revista de Psiquiatría, Psicología y Psicosomática, Vol 5(6): 9-21, Nov-Dec 1984.

Format: journal article

Level: III

Discusses the various categories of suicidal attempts, noting various strategies for assessing lethality of suicidal attempts. Primary and secondary prevention strategies for suicidal behavior, including the establishment of suicide prevention centers, are discussed.

(Psych Abstract)

(276)

Author(s): Sharlin, Shlomo A.; Shenhar, Aliza.

Title: The fusion of pressing situation and releasing writing: On adolescent suicide poetry.

Source: Suicide and Life-Threatening Behavior, Vol 16(3): 343-55, Fall 1986.

Format: journal article

Level: II

The poetry of adolescents in despair may provide us with early signs of suicide; hence referral to professional help may result at an early stage. In analyzing words used in suicidal and nonsuicidal and adolescent's poetry, significant differences were found. Differences showed themselves in the vigor and intensity of loaded words in the suicide group.

(ERIC)

(277) Author(s): Shaughnessy, Michael F.; Nystul, Michael S.

Title: Preventing the greatest loss — suicide.

Source: Creative Child & Adult Quarterly, Vol 10(3): 164-169, Fall 1985.

Format: journal article

Address: Shaughnessy, Eastern Mexico U, Portales, NM, USA, 88130.

Level: II

Discusses the role that teachers can play in preventing the suicide of troubled students. It is suggested that the fact that teachers observe their students in a variety of situations allows them to take an active role with troubled students and monitor physical and psychological changes that might signal depression or suicidal tendencies. Sociological, psychodynamic, psychological, and biochemical interpretations of the etiology of suicide are presented. Several warning signs of suicide are discussed, including evidence of severe depression, significant body weight loss/gain, loss of interest, flat affect, sleep disturbance, suicidal thoughts, agitation/frustration, specific plans to commit suicide, impulsivity, familial suicide patterns, use of alcohol and drugs, loss of a close relationship, psychosomatic problems, and school avoidance. Guidelines for teachers who have determined that a student is potentially suicidal include communication of sincere caring and understanding, consultation with school counselors/mental health resources, follow-up referrals, and assistance in making the student feel needed and appreciated. Reference books for teachers and parents on suicide are included.

(Psych Abstract)

(278) Author(s): Shields, Jack Richard.

Title: Attempted suicide in Alaskan Eskimos: A Rorschach study of ego functions.

Source: Dissertation, United States International University, 1977: Order No. 7909893.

Format: dissertation

Level: III

Compared personality characteristics of 2 groups of male adolescents: one group referred for opiate abuse and the other for abuse of hallucinogenic drugs. When ratings on 8 pairs of adjectives were examined, no differences in the self-image were found between the groups. On the Freiburg Personality Inventory, profiles of both groups indicated a tendency to asthenia and to depressive and psychosomatic reactions. Further data based on the Rorschach and on behavior observation are reported. The hallucinogen group exhibited egocentric exaltation and a schizoid personality structure, while the opiate group had a paroxystic personality structure and regressive behavior.

(Dissertation Abstract)

(279)

Author(s):	Shneidman, Edwin.
Title:	Definition of suicide.
Source:	Wiley, New York, 1985.
Format:	book
Address:	Wiley, New York, NY, USA.
Level:	III

Examines suicide with particular reference to the ten commonalities of suicide: 1) The common purpose of suicide is to seek a solution; 2) The common goal of suicide is cessation of consciousness ; 3) The common stimulus in suicide is intolerable psychological pain; 4) The common stressors in suicide is frustrated psychological needs; 5) The common emotion in suicide is hopelessness; 6) The common internal attitude in suicide is ambivalence; 7) The common cognitive state in suicide is constriction; 8) The common action in suicide is aggression; 9) The common interpersonal act in suicide is communication of intention; 10) The common consistency in suicide is with life-long coping patterns.

(280)

Author(s):	Shneidman, Edwin S.
Title:	Ten commonalities of suicide and some implications for public policy.
Source:	The 33rd Annual Convention of the American Psychological Association, Los Angeles, Calif., USA, Aug 1985.
Address:	Medical Services Branch Health and Welfare Canada, Tunney's Pasture, Jeanne Mance Building, Room 1186, Ottawa, ON, Canada, K1A 0L3.
Format:	cassette tape
Level:	III

The works of both Herman Melville and William Shakespeare touch upon vital aspects of life, death and suicide that present a fitting introduction to the topic of suicide. The three major areas of approach to a suicidal person are his/her philosophy of life, personality and psychological needs and the living system of the person (systems theory).

Though suicide is individual and idiosyncratic, there are ten commonalities: 1) The common purpose of suicide is to seek a solution; 2) The common goal of suicide is cessation of consciousness ; 3) The common stimulus in suicide is intolerable psychological pain; 4) The common stressors in suicide is frustrated psychological needs; 5) The common emotion in suicide is hopelessness; 6) The common internal attitude in suicide is ambivalence; 7) The common cognitive state in suicide is constriction; 8) The common action in suicide is aggression; 9) The common interpersonal act in suicide is communication of intention; 10) The common consistency in suicide is with life-long coping patterns.

(281)

Author(s):	Shneidman, Edwin S.
Title:	Ten commonalities of suicide and some implications for public policy.
Source:	The 33rd Annual Convention of the American Psychological Association, Los Angeles, CA, USA, Aug 1985.
Address:	Shneidman, UCLA Neuropsychiatric Institute, 760 Westwood Plaza, Los Angeles, CA, USA, 90024.
Format:	manuscript
Level:	III

The works of both Herman Melville and William Shakespeare touch upon vital aspects of life, death and suicide that present a fitting introduction to the topic of suicide. The three major areas of approach to a suicidal person are his/her philosophy of life, personality and psychological needs and the living system of the person (systems theory). Though suicide is individual and idiosyncratic, there are ten commonalities: 1) The common purpose of suicide is to seek a solution; 2) The common goal of suicide is cessation of consciousness ; 3) The common stimulus in suicide is intolerable psychological pain; 4) The common stressors in suicide is frustrated psychological needs; 5) The common emotion in suicide is hopelessness; 6) The common internal attitude in suicide is ambivalence; 7) The common cognitive state in suicide is constriction; 8) The common action in suicide is aggression; 9) The common interpersonal act in suicide is communication of intention; 10) The common consistency in suicide is with life-long coping patterns.

(282)

Author(s):	Shore, J.H.; Bapp, J.F.; Waller, T.R.
Title:	A suicide prevention center on an Indian Reservation.
Source:	American Journal of Psychiatry, Vol 128(9): 76-81, 1972.
Format:	journal article
Level:	III

The authors describe the background and development of a suicide prevention service on an Indian reservation and emphasize the importance of community acceptance and

involvement. Characteristics of the patient population are analyzed; most of the patients were young males. For mental health consultants the importance of timing and understanding of the complexities of the sociopolitical milieu are essential in supporting the development of such a community-sponsored project.

(S.I.E.C.)

(283)

Author(s):	Shore, James H.
Title:	American Indian suicide - Fact or fantasy.
Source:	Psychiatry, Vol 38(1): 86-91, Feb 1975.
Format:	journal article
Level:	II

Presents an epidemiological report on American Indian suicide patterns in the Pacific Northwest. The 1st 3 years of a pilot project in suicide epidemiology are described. Findings on significant differences in tribal suicide rates and clarifications of present misconceptions about the American Indian "suicide phenomenon" are presented. The profile of a completed Indian suicide is most commonly of an Indian male, single or separated, who hangs or shoots himself. Alcohol abuse or solvent sniffing is involved in about 75% of the completed suicides. Attempt cases most often involve a young female who attempts a drug overdose at home following an argument with a relative or friend; alcohol was associated in 44% of the cases. Cultural factors in Indian suicides are discussed, and treatment implications are considered.

(Psych Abstract)

(284)

Author(s):	Shore, James H.
Title:	Psychiatric epidemiology among American Indians.
Source:	Psychiatric Annals, Vol 4(11): 56-66, Nov 1974.
Format:	journal article
Level:	III

Reviews literature on the pattern of emotional illness among American Indians, warning against false impressions of behavioral adjustment arising from misunderstandings of cultural differences and from negative stereotypes concerning Indians. Various approaches used in epidemiological studies are described and evaluated. Findings are reported in 5 major areas of research: (a) Alcohol abuse appears to constitute a widespread problem. (b) Suicide and homicide are tribe-specific; the patterns are sufficiently different from those in the total US population to suggest unique causes for these behaviors. (c) Depression shows a higher incidence among the Navaho because of special beliefs and customs in that tribe. Depression in other tribes probably has a variety of causes, including mislabeling by the dominant culture. (d) Schizophrenia conforms to the expected epidemiological pattern, but manic-depressive illness appears not to exist among American Indians. (e) Drug abuse, excluding alcoholism is almost completely absent.

(Psych Abstract)

(285) Author(s): Shore, James H.

Title: Suicide and suicide attempts among American Indians of the Pacific Northwest.

Source: International Journal of Social Psychiatry, Vol 18(2): 91-96, Summer 1972.

Format: journal article

Level: III

Presents a survey of characteristics of suicides and suicide attempts in 1969 on Indian reservations in Washington, Oregon and Idaho. A completed suicide rate of 28/100,000 was reported, with 16 times attempts than completions. Attempts tended to be made by young women, using drugs. Completed suicides tended to be made by men in their 30's, using firearms or hanging. Students at an Indian boarding school showed an exceptionally high rate of attempts (3,488/100,000) in comparison to the attempt rate on the reservation (462/110,000).

(Psych Abstract)

(286) Author(s): Shore, James H.; Manson, Spero M.

Title: Cross-cultural studies of depression among American Indians and Alaska Natives.

Source: White Cloud Journal of American Indian Alaska Native Mental Health, Vol 2(2): 5-12, 1981.

Format: journal article

Address: White Cloud Center, Gaines Hall UOHSC, 840 Southwest Gaines Road, Portland, OR, USA, 97201.

Level: III

Describes the differences between Western and indigenous concepts of depression. Describes several culture-specific Indian depression syndromes. Notes the rising incidence of Native behavior. Describes several theories of depression etiology.

(ERIC)

(287) Author(s): Siegel, K.; Tuckel, P.

Title: Suicide and civil commitment.

Source: Journal of Health Polit Policy Law, Vol 12(2): 343-60, Summer 1987.

Format: journal article

Address: Siegel, Memorial Sloan-Kettering Cancer Center, USA.

Level: III

The contemporary approach to suicide prevention relies primarily on involuntary commitment of the suicidal individual. White there is generally widespread acceptance of the principle of society's right, even its moral obligation, to intervene to prevent a suicide, there is much less agreement concerning the conditions under which such an action should proceeded. Most of the debate centers on the widely applied commitment criteria of mental illness and dangerousness to self and others. Questions have also ben raised regarding the efficacy of commitment as a preventive measure. In this paper, these controversies are placed in a broader historical context. We examine empirical evidence concerning prevailing commitment criteria and the prophylactic value of involuntary hospitalization, and discuss the appropriateness of our current approach to civil commitment in light of existing data.

(Medline)

(288)

Author(s): Sievers, M.L.; Cynamon, M.H.; Bittker, T.E.

Title: Intentional isoniazid overdose among Southwestern American Indians.

Source: American Journal of Psychiatry, Vol 132(6): 662-65, 1975.

Format: journal article

Level: III

A 30-month study explored the degree to which self-destructive behavior compromised tuberculosis therapy and prophylaxis among Southwestern Indians. The frequency of isoniazid (INH) overdosage paralleled the extend of INH usage in each tribe and the extent to which INH was prescribed for each tuberculosis category. The authors recommend various measures to prevent such overdoses from occurring.

(S.I.E.C.)

(289)

Author(s): Simon, Werner.

Title: Suicide among physicians: Prevention and postvention.

Source: Journal of Medical Education, Vol 61(1): 67-69, Jan 1986.

Format: journal article

Address: Simon, U Minnesota, Minneapolis, MN, USA, 55455.

Level: III

Discusses the various suicide rates among physicians in the US, UK, and Germany, focusing on the higher suicide risk among female physicians compared with the rates of nonphysician professional women. Affective disorders appear to be a related factor. Psychosocial stressors involving role conflicts and career choice are also noted. Early identification and treatment of the impaired physician is believed to be of primary importance in suicide prevention. It is suggested that selection methods for admission to medical schools need revision, perhaps to include psychometric testing. Annual emotional checkups for physicians in addition to yearly physical examinations are also needed. High risk periods and warning signs are identified. Postvention procedures (group therapy for survivors,

discussion among therapists who lost patients by suicide, and educational measures for general physicians to recognize the pre-suicidal syndrome) are recommended.

(Psych Abstract)

(290)

Author(s):	Simpson, Sylvia G.; Reid, Raymond; Baker, Susan P.; Teret, Stephen.
Title:	Injuries among the Hopi Indians: A population-based survey.
Source:	Journal of the American Medical Association, Vol 249(14): 1873-1876, Apr 1983.
Format:	journal article
Address:	Simpson, The John Hopkins University School of Hygiene and Public Health, 615 N Wolfe St., Baltimore, MD, USA.
Level:	III

Injuries are the leading cause of death among American Indians. An epidemiologic study was conducted on the Hopi reservation to assess the incidence, circumstances, and outcome of injuries. The incidence of hospitalized or fatal injuries during 1979-1980 was 12 per 1,000 persons per year, with the highest incidence in the age group of those older than 84 years. Overall, falls, motor vehicle crashes, self-inflicted injuries, and assaults were the leading causes of injuries. Suicides and crashes were the leading causes of death. The 15 to 29 year age group, which constituted only a quarter of the population, accounted for 46% of all injuries. This age group had especially high rates of self-inflicted injuries, crashes, and assaults. Injury problems of special importance to the Hopis included single-vehicle rollover crashes, falls from pickup trucks, falls from mesas and pueblo roofs, and suicide attempts in jails.

(Journal Abstract)

(291)

Author(s):	Smith, Jack C. et. al.
Title:	Comparison of suicides among Anglos and Hispanics in five Southwestern States.
Source:	Suicide and Life-Threatening Behavior, Vol 15(1): 14-26, Spr 1985.
Format:	journal article
Level:	III

Results show the suicide rate for whites in five southwestern states was one-fourth higher than for whites nationally. Suicide rates for the two ethnic groups, however, showed the rate for Hispanics to be less than the white national rate and one-half that of geographically similar Anglos.

(Journal Abstract)

(292) Author(s): Smith, Kim; Crawford, Sylvia.

Title: Suicidal behavior among "Normal" high school students.

Source: Suicide and Life-Threatening Behaviour, Vol. 16(3): 313-25, Fall 1986.

Format: journal article

Level: II

Focuses on suicidal behaviors among 313 high school students. Provides a linchpin between studies of adolescent suicide attempt rates and studies reporting on percentages of adolescents who made suicide attempts. Suicide is a personal concern for most high school students, with 62.6% reporting some degree of suicidal ideation or action.

(ERIC)

(293) Author(s): Solursh, L.; Syer-Solursh, D.

Title: Suicide in the "Urban Indians" of Canada.

Source: International Congress for Suicide Prevention and Crisis Intervention (12th) Caracas, Venezuela, 9p, 1983.

Format: manuscript

Level: III

The authors examine Canadian Government suicide statistics for Treaty Indians and Inuits that reveal mortality rates from violent deaths are 3 times higher than that of the general population and deaths from suicide are more than twice that for Canada. Factors contributing to the high risk of violent death are discussed and findings from a 1981 needs survey conducted among urban Natives (Toronto) are examined in an attempt to determine areas where intervention would have greatest impact. (8 ref) (NBB).

(S.I.E.C.)

(294) Author(s): Soubrier, Jean P.

Title: La prévention du suicide est-elle encore possible depuis la publication autorisée)e d'un livre intitulé Suicide Mode d'Emploi — Histoire — Technique — Actualité. [Is suicide prevention still possible after the authorized publication of the book: Suicide Mode d'Emploi (Suicide — How to do it).

Source: Crisis, Vol 5(2): 119-124, Aug 1984.

	Format:	journal article
	Address:	Soubrier, Groupement d'Etudes et de Prévention de Suicide, Paris, France.
	Level:	III

Describes the impact that the publication of a book promoting euthanasia had on the people of France and discusses possible approaches that could be taken to assist suicidal patients. A proposed law providing help to suicidal patients was voted on by the French government in June 1983. It is suggested, however, that assistance must involve more than suicide prevention since the suicide phenomenon has entered the arenas of law and ethics.
(Psych Abstract)

(295)	Author(s):	Spaulding, John M.
	Title:	Recent suicide rates among ten Ojibwa Indian Bands in Northwestern Ontario.
	Source:	Omega: Journal of Death & Dying, Vol 16(4): 347-354, 1985-86.
	Format:	journal article
	Address:	Spaulding, Indian Health Service, Phoenix AZ, USA.
	Level:	II

This study was designed to investigate the rate of completed suicides for ten Ojibwa Indian bands in Northwestern Ontario for the years 1975 to 1982. Records from Medical Services, Health and Welfare Canada [1], were reviewed for suicide data and individual interviews were conducted with nine native health workers to corroborate these data. Results indicated an overall rate of 61.7 suicides per 100,000 population. Suicide victims tended to be young males who used firearms as a method. Alcohol or drug use was directly involved in over half of the suicides.

(Journal Abstract)

(296)	Author(s):	Steinberg, A.
	Title:	A comparative moral approach to suicide — A Jewish perspective.
	Source:	Isr J Med Sci, Vol 23(7): 850-2, Jul 1987.
	Format:	journal article
	Address:	Steinberg, Program of Medical Ethics, Hebrew University — Hadassah Medical School, Jerusalem, Israel.
	Level:	IV

Suicide is a statistically significant cause of death, constituting an alarming public health problem. Many countries, therefore, have acknowledged the necessity to create special centers for the prevention of suicide. There is a moral conflict between the principle of

autonomy and the value of life in the case of suicide. This can be resolved in several ways: 1) autonomy should be considered as a categorical imperative and as an absolute principle, hence overriding even the value of life; 2) suicide should be regarded, prima facie, as a noncompetent decision, thus being in no conflict with the principle of autonomy; 3) the value of life nullifies the principle of autonomy; thus, when free will is used for the destruction of life, it should be entirely relinquished. Judaism endorses the last interpretation of the relationship between free will and destruction of life. It strictly forbids suicide, based on theological considerations, regarding such an act as one of the gravest of sins. The educational impact of such a philosophy may favorably contribute to the efforts devoted to the prevention of suicide. By contrast, those attributing absolute importance to the principle of autonomy may have contributed to the increasing rate of suicide in the Western world. It was already stated by a contemporary philosopher that the degree of rationality of the suicide act depends on the degree of the philosophy guiding the person's deliberations.

(Medline)

(297)

Author(s):	Stephens, R.
Title:	Native suicide awareness within Lethbridge community.
Source:	Project Mother Earth and the Sik-ooh-kotok Friendship Society, 40p, 1985.
Format:	report
Address:	Project Mother Earth and the Sik-ooh-kotok Friendship Society, Lethbridge, AB, Canada.
Level:	II

A one day workshop, sponsored by Project Mother Earth and the Sik-ooh-kotok Friendship Society was held in Lethbridge on May 24, 1985. This paper provides an outline of workshop organizations and proceedings as well as conclusion and observations. Nine appendices are included. (NBB).

(298)

Author(s):	Streiner, D.L.; Adam, K.S.
Title:	Evaluation of the effectiveness of suicide prevention programs: A methodological perspective.
Source:	Suicide and Life-Threatening Behaviour, 17(2): 93-106, Summer 1987.
Format:	journal article
Address:	Streiner, Department of Psychiatry, McMaster University, Hamilton, ON, Canada.
Level:	III

Many studies that attempt to evaluate the effectiveness of treatment programs for suicidal patients are methodologically deficient in one or more areas. This paper outlines

six criteria that should be met in designing such investigations: Patients should be randomly assigned to groups; at least 80% of the subjects who were initially enroled should be followed up; the results should be both statistically significant and clinically important; all clinically relevant outcomes should be reported; the patients must be adequately described; and the new intervention should be feasible in other settings. It is shown that these criteria are both necessary and achievable.

(Medline)

(299)

Author(s):	Stromee, Victoria Margaret.
Title:	Youth suicide prevention program: A project of help on call and family crisis service.
Source:	Paper presented at the Annual Meeting of the American Assoc. of Suicidology/International Assoc. for Suicide Prevention (20th, San Francisco, CA) May 25-30, 1987.
Format:	journal article
Address:	Not available.
Level:	III

This document describes a youth suicide prevention program in Arizona developed jointly by the Help On Call Crisis Line and the Family Crisis Service to provide an area-wide school-based prevention program for use in a multicultural community. A review of programs in other cities and states is described and the decision to develop a cognitive-behavioral model is explained. The formation of a team to assist in developing the program objectives, reviewing the proposed lesson plans and workshops outlines, and helping control community resistance is also described. Program goals are identified and the holding of a one-day city-wide conference for high school counselors to introduce them to the program is discussed. Classroom presentations of the program are described and classroom techniques of guided imagery, group discussion, and role play are explained. The adult in-service portion of the program is described as a way to provide general information to school personnel and parents about adolescent development, pathological and normative depression, and how to respond to a troubled youth. Difficulties encountered in implementing the program and in reaching native American youth living on reservations are reviewed.

(ERIC)

(300)

Author(s):	Sudak, H.S. et al.
Title:	Suicide in the young.
Source:	John Wright, Littleton, 1984.
Format:	book
Address:	John Wright, Littleton, MA, USA.
Level:	III

Dealing with adolescent suicide this book contains a chapter titled "Suicide in young minority group persons" (pages 31-44) which presents 1977-79 statistics that indicate a high level of self-destructive behaviour in minority group persons. It is felt that identification of pathological mental disorders in such groups requires knowledge of racial and cultural beliefs and attitudes. In other words depression may not be manifest in classical form but as veiled hostility and resentment in Native peoples or as hostility, withdrawal and rebellion in Blacks and Hispanics.

(S.I.E.C.)

(301)

Author(s):	Suicide Prevention Provincial Advisory Committee.
Title:	"The First Year": Report of the Suicide Prevention Provincial Advisory Committee.
Source:	Suicide Prevention Provincial Advisory Committee, Alberta, Canada, Sep 1982.
Format:	report.
Level:	III

The objectives of the Alberta-based Suicide Prevention Advisory Committee are: 1) to advise the minister of Social Services and Community Health about the suicide outreach programs of prevention, intervention, and postvention; 2) recommend funding for direct service programs, public education, training and research; 3) assess current and outgoing state of delivery services in suicide prevention; 4) review progress of programs and projects and; 5) report to the minister. Programming emphasizes a province-wide interrelated approach to outreach programs, public education and training, and research. A community network of outreach programs, delivered by various agencies has been set up in Lethbridge, Fort McMurray, Red Deer, Grand Prairie and Medicine Hat. Bereavement programs are in operation in both Calgary and Edmonton. The Edmonton program is known as the Crisis Outreach and Referral Evaluation (C.O.R.E.) Follow-up Program. An information centre was established at the University of Calgary: Suicide Information and Education Centre (S.I.E.C.) training program is known as the Suicide Prevention Training Project (S.P.T.P.). Encouragement and funding has been given to the Native Counselling Services of Alberta (N.C.S.A.) who are in the best position to develop programs for Native people. Research work focuses on the development of a research centre with extensive library resources and easily accessible data base. The committee's work is still too new to be meaningfully evaluated; however, planning is ongoing to establish a coordinated approach to evaluate overall work in terms of cost efficiency and effectiveness. Future committee work includes extending the outreach programs into rural areas, schools and Native Communities and to develop liaisons with groups such as the Alberta Alcoholism and Drug Abuse Commission (A.A.D.A.C.).

(302)

Author(s):	Suicide Prevention Provincial Advisory Committee.
Title:	"The Second Year": Report of the Suicide Prevention Provincial Advisory Committee.

Source: Suicide Prevention Provincial Advisory Committee, Alberta, Canada, Sep 1983.

Format: report.

Level: III

In its second year of operation, the Suicide Prevention Advisory Committee continues to focus on effective approaches to prevention, intervention and postvention of suicide through interagency cooperation and coordination at the community level. Activities encompass suicide outreach work, public education, training and program funding and evaluation. Province-wide programming includes the Suicide Information Centre (S.I.E.C.), Suicide Prevention Training Program (S.P.T.P.), Native Suicide Prevention Training Program (N.S.P.T.P.), the Suicide Research Centre (S.R.C.), the Crisis Outreach and Referral Evaluation (C.O.R.E.) Follow-up Program and the Calgary Bereavement Program. During the second year a special emphasis was placed on grants and methods of fund-raising for suicide prevention centres. The committee plans to extend their work into schools, rural areas and Native communities and to further develop bereavement counselling, public education, training, suicide prevention centres and the Suicide Research Centre at the University of Calgary.

(303) Author(s): Swanson, Gary B.

Title: What you should know.

Source: Listen, 11-14, Nov 1985.

Format: journal article.

Level: I

Using a question and answer style interview style, Dr. Michael Cohn discusses various aspects of adolescent suicide. Approximately 5000 teenagers in the United States commit suicide every year. The number of adolescent suicides has increased tremendously over the past 10 years in both the United States and Europe. These suicides are often linked with the increasing use of both alcohol and drugs by this age group; however, difficulty in handling depression either natural or chemically-induced is another important factor. The teenager is urged to accept feelings of depression and to seek treatment when these feelings do not abate over time. Friends are encouraged to be alert to the warning signs of suicide and to act immediately to secure parental and or professional help for suicidal friends.

(304) Author(s): Syer, D.; Fitchette, B.; DeLeary, K.

Title: Suicide in Canadian Indians: The Native Peoples perspectives.

Source: Annual Meeting of the American Association of Suicidology (15th), New York, NY, USA, 158-159, 1982.

Format: manuscript

Level: II

Examines the effects of alcohol abuse, loss of a loved one and stress on mortality rates of Indian people as seen from the Native perspective.

(305) Author(s): Syer, Diane

Title: "Indians Time Bombs".

Source: Native People, Vol 12(5): 1, Jun 1979.

Format: journal article

Level: I

Dr. Diane Syer, discusses social conditions and attitudes that precipitate Native suicide. Low self-esteem, social isolation, family dependence and an inclination to internalize pain, anger and worry are factors that make Natives extremely vulnerable to self-destruction. (NBB).

(S.I.E.C.)

(306) Author(s): Syer, Diane S.

Title: Suicide in the Native Indians of Canada.

Source: C1982.

Format: report.

Address: Syer, Toronto East, General Hospital, Toronto, ON, Canada.

Level: II

The author presents an overview of suicide among Native Canadians by means of a literature review, her personal observations and discussions with Native groups. Statistics on Native Canadian suicide are not comprehensive but definitely show that the Native Canadian suicide rate is many times higher than the non-Native rate. There are many factors causing this high rate and making it difficult to find obvious and appropriate solutions. Factors in Native suicide include cultural disintegration, most notably the loss of spiritualism, socioeconomic ills, and family problems, complicated by alcoholism. Individuals tend to suffer from poor self-image, social isolation, dependency on family for moral and financial support, and internalization of problems. Recommendations suggest improved local mental health services or the provision of such for isolated communities, community activities, an educational system which reflects Native culture and values and economic upgrading. Finally, the author urges that all Canadians educate themselves about the needs, values, culture, history and lifestyle of Canadian Natives.

(307) Author(s): Szasz, Thomas.

Title: The case against suicide prevention.

Source: American Psychologist, Vol 41(7): 806-812, Jul 1986.

Format: journal article

Level: II

Challenges the perspective that suicide is a mental health problem, that mental health practitioners and institutions have a professional duty to try to prevent it, and that it is a legitimate function of the state to empower such professionals and institutions (especially psychiatrists and psychiatric institutions) to impose coercive interventions on persons diagnosed as posing a suicidal risk. Hence, when an individual (formally identified as a patient or client) commits suicide while in the care of mental health clinicians or clinics, the latter may be sued for and found guilty of professional negligence for failing to prevent suicide. A different view of suicide as an act of a moral agent for which that agent himself or herself is ultimately responsible is presented. It is further argued that eschewing suicide prevention and rejecting it as a professional responsibility would not only protect the mental health clinician from being forced into internally conflicting and contradictory roles and the client of mental health services from coercion in the name of suicide prevention, but would also protect the nation from a mental health policy that needlessly undermines the ethic of self-responsibility.

(Journal Abstract)

(308) Author(s): Tanney, Bryan L.

Title: Electroconvulsive therapy and suicide.

Source: Suicide and Life-Threatening Behavior, Vol 16(2): 198-222, Summer 1986.

Format: journal article

Level: III

When the effectiveness and mortality-morbidity of electroconvulsive therapy (ECT) are compared with those of drug therapies, it appears that ECT is an effective and preferred treatment strategy. It remains underutilized as a modality of suicide prevention. Addresses controversies that presently limit the use of this treatment.

(ERIC)

(309) Author(s): Taylor, R.

Title: Native suicide awareness within Lethbridge community.

Source: Project Earth and the Sik-ooh-kotok Friendship Society, 38p, 1985.

Format: report

Address: Project Earth and the Sik-ooh-kotok Friendship Society, Lethbridge, AB, Canada.

Level: II

This 1 day workshop held May 24/85 was sponsored by the Project Earth and the Sik-ooh-kotok Friendship Society. In response to a growing awareness among the Native community, practitioners and social researchers of the rising incidence of Native suicide. Included in this report are organizational details and a statement of purpose, the epidemiology of Native suicide, causes and risk factors, suicide prevention at individual and community levels and observations and conclusions from group discussion. (NBB)

(310)

Author(s):	Termansen, P.E.; Peters, R.W.
Title:	Suicide and attempted suicide among Status Indians in British Columbia.
Source:	World Federation of Mental Health Conference, Salzburg, Austria, Jul 1979.
Format:	manuscript
Address:	Termansen and Peters, Department of Psychiatry, University of British Columbia, Medical School, Vancouver, BC, Canada.
Level:	III

Specific data on suicide among Native Canadians is not only difficult to obtain but it is also difficult to analyze accurately because of the small scattered populations involved. Native population trends indicate an increase in the under 20 age group which is reflected in the high incidence of accidental and violent deaths typical of this age group. Suicide and attempted suicide appear to have multi-faceted factors including health, education, economic status and general disadvantage. Specific factors of alcohol abuse and general malaise of culture are also strongly noted. In 1977, the suicide rate for British Columbia Indians was 48.3 suicides for every 100,000 people as compared to the B.C. non-Indian rate of 18.0, the Canadian Indian rate of 41.0 and the Canadian non-Indian rate of 12.76. The B.C. Indian suicide rate has increased between 1968 and 1978 and suicide is most prevalent among the under 30 population. Those who complete suicide are likely to be males between 20-27 years of age who have no spouse, use a highly lethal method, exhibit signs of depression, abuse alcohol and have conflict in family or personal life. The suicide attempter is likely to be female, single or not living with a spouse, use drugs as method of suicide, show signs of depression, abuse alcohol and have a past and/or present history of an unsettled family environment. The report's recommendations for improvement address the federal and provincial governments, cultural, educational and recreational factors, alcohol abuse and the existing Native mental health programs for children and adults. Scarce professional consultants should train Native workers to develop suicide prevention and intervention programs which take into account both Native and tribal factors. The programs may then be implemented at both a community and individual level.

(311)

Author(s):	Thompson, J. W.
Title:	Prevention of adolescent suicide among American Indian and Alaskan Native Peoples.

	Source:	National Conference on Prevention and Intervention in Youth Suicide, 1986.
	Format:	manuscript
	Address:	National Conference on Prevention and Intervention in Youth Suicide, Oakland, CA, USA.
	Level:	III

Discusses prevention strategies for adolescent self-destructive behaviour among American Indians and Alaskan Native people. Topics presented include public health programs, community education, and the epidemiology and contagion of self-destructive behaviour.

(312)	Author(s):	Thompson, T.R.
	Title:	Childhood and adolescent suicide in Manitoba; A demographic study.
	Source:	Canadian Journal of Psychiatry, Vol 32(4): 264-9, May 1987.
	Format:	journal article
	Address:	Thompson, McGill University, Montreal, QC, Canada.
	Level:	IV

All suicides for ages 20 years and younger in Manitoba from 1971 to 1982 were studied for demographic and risk factors. Major demographic findings for Caucasian Manitobans agreed with past studies but native children showed several fold the rates for Caucasian children matched for gender and age. Both native males and rural Caucasian males suicided significantly more frequently at younger ages than their urban counterparts. Significant risk factors and demographic clusters of suicide victims were determined by statistical means and the results discussed in terms of a better understanding of childhood suicide, on a psychodynamic basis.

(Medline)

(313)	Author(s):	Thurman, Pam Jumper; Maggie, Don; Maggie Martin.
	Title:	An assessment of attempted suicides among adolescent Cherokee Indians.
	Source:	Journal of Multicultural Counseling & Development, Vol 13(4): 176-182, Oct 1985.
	Format:	journal article
	Addresss:	Thurman, Oklahoma State U, Stillwater, OK, USA, 74074.
	Level:	II

Examined the rate and reasons for suicidal attempts among adolescent Cherokee Indians (N28). Results indicated a two percent rate of attempted suicides with overdose of medication and body cuts being the most commonly used methods. Behavioral patterns of attempters are discussed as well as implications for intervention.

(Psych Abstract)

(314)

Author(s):	Tonkin, R. S.
Title:	Suicide methods in British Columbian adolescents.
Source:	Journal of Adolescent Health Care, Vol 5(3): 172-177, Jul 1984.
Format:	journal article
Level:	III

All suicides or suspect suicides of persons under 20 years of age in the province of B.C. during 1978-79 were studied. Coroner's files were used to study 122 cases. Significant findings included: 11% were under 15 years of age; 80% were males; 52% used firearms; 54% of females 15-19 used alcohol and drugs; Native Indians and nonmetropolitan residents were disproportionately represented and were more likely to use a rifle. (NBB)

(S.I.E.C.)

(315)

Author(s):	Tousignaut, M.; Hanigan, D.
Title:	Social network and social support of suicidal young adults.
Source:	Annual Meeting of the American Association of Suicidology, (19th Atlanta): 66-68, 1986.
Format:	manuscript
Address:	Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
Level:	III

The study compared 25 experimental and 25 control students, average age 18.5, for differences in serious suicidal thoughts and behaviours. The variables examined and discussed are: the structure of the social network, the type of support received with a stressful event, their satisfaction toward this support and the meaning of this evaluation. Both groups experience the event with a comparable degree of intensity. All subjects in the experimental group had serious suicidal thoughts varying in duration.

(S.I.E.C.)

(316)

Author(s):	Trainor, D.
Title:	Intervention approach cuts suicide rate in Indian village.
Source:	Psychiatric News, Vol 18(7): 44-45, Apr 1983.
Format:	journal article

Level: II

Article examines effective intervention techniques that use interdisciplinary teams of community workers.

(317) Author(s): Travis, Robert.

Title: Suicide and economic development among the Inupiat Eskimo.

Source: White Cloud Journal, Vol 3(3): 14-21, 1984.

Format: journal article

Address: Travis, U Chicago, Chicago, IL, USA, 60637.

Level: III

Reviews E. Durkheim's (1951) theory of suicide and operationized his hypotheses to examine the relationship between (1) the proportion of people not married, (2) the level of education, and (3) change in the level of employment and the suicide rates (derived from death certificates) for North Slope and Inupiat Eskimos. The North Slope Eskimos underwent tremendous economic development in the 1970's; the Inupiat Eskimos experienced an economic depression. Results indicate that while social and economic factors were not significantly related to the suicide rate among the North Slope Eskimos, an interaction effect between economic development and modern education was significantly associated with the sharp rise in the suicide rate among Inupiat Eskimos. The depressed economic structure within the Inupiat region could not facilitate the achievement of goals and aspirations fostered by modern education. Findings contradict Durkheim's contention that suicide necessarily increases during economic upheavals, regardless of whether economic depression or prosperity occurs.

(Psych Abstract)

(318) Author(s): Travis, Robert.

Title: Suicide in Northwest Alaska.

Source: White Could Journal, (Vol 3(1): 23-30, 1983.

Format: journal article

Address: Travis, U Chicago, Chicago, IL, USA, 60637.

Level: III

Presents data from a remote Alaskan village of 2,100 people showing that self-destructive behavior is an acute social problem in northwest Alaska. In particular, the Native Alaskan suicide rate in this region is more than 7 times the national average. 119 cases of suicidal behavior were studied in Ss aged 9-61 yrs, 3 of which were nonnative Alaskans and 16 of which were repeated episodes. Alienation, loss of family, low income, alcohol abuse, high unemployment, and increased education are shown to be factors related to suicidal behaviour. Treatment programs cannot concentrate only on the psychological

aspects of suicidal persons but must address the issue of necessary social adjustments in the lives of such persons.

(Psych Abstract)

(319)

Author(s):	Trovato, F.
Title:	A time series analysis of international immigration and suicide mortality in Canada.
Source:	International Journal of Social Psychiatry, 32(2): 38-46, Summer 1986.
Format:	journal article
Address:	Suicide Information and Education Centre, 201, 1615 - 10 Ave. S.W., Calgary, AB, Canada, T3C 0J7.
Level:	III

Trovato examines the relationship between international immigration and suicide mortality using time series data for the period 1950 to 1982 in Canada. Assuming the Durkheimian theory of social integration controlling for unemployment and age, a multiple regression model was introduced to show the higher the immigration rate, the higher the suicide rate. Study concludes that the 15-34 male cohort was highly sensitive to changes in economic prospects and in their immigration experiences.

(S.I.E.C.)

(320)

Author(s):	U.S. Dept. of Health, Education and Welfare.
Title:	Suicide among the American Indians: Two workshops (Aberdeen, South Dakota, September 1967; Lewiston Montana, November, 1967).
Source:	U.S. Dept. of Health, Education and Welfare, Health Services, 1969.
Format:	report
Address:	U.S. Dept. of Health, Education and Welfare, Health Services, Bethesda, MD, USA.
Level:	III

Seven papers discussing suicide in the U.S.; comparisons of adult and adolescent self-destructive behaviors, two types of suicidal behaviors; planning for suicide prevention; especially in sparsely populated areas and lastly descriptions of suicidal behaviors among the Oglala Sioux and on the Cheyenne River reservation.

(S.I.E.C.)

(321)

Author(s):	Valente, Sharon M.; Saunders, Judith M.
Title:	High school suicide prevention programs.
Source:	Pediatric Nursing, Vol 13(2): 108-137, 139, Mar-Apr 1987.

Format: journal article

Level: II

High school suicide prevention programs are aimed at reducing adolescent suicide. Nurses need to be aware of suicide prevention; to encourage the development of prevention activities for adolescents, including education, intervention and bereavement strategies; and to evaluate sometimes controversial suicide prevention programs.
(Journal Abstract)

(322) Author(s): VanWinkle, N.S.

Title: Native American suicide in New Mexico: A comparative study, 1957-1979.

Source: Thesis (M.A.) - University of New Mexico, 1-188, 1980: Micro E98 S9V34 1981

Format: dissertation

Level: III

Using death certificates as the primary source, this study examines completed suicides among the Apache, Navajo and Pueblo Indians of New Mexico from 1957 to 1979.
(S.I.E.C.)

(323) Author(s): VanWinkle, Nancy Westlake; May, Philip A.

Title: Native American suicide in New Mexico, 1957-1979: A comparative study.

Source: Human Organizations, Vol 45(4): 296-309, Winter 1986.

Format: journal article

Address: VanWinkle, U Kentucky Medical Ctr, Lexington, KY, USA.

Level: III

This descriptive and epidemiological study examines completed suicides among the Apache, Navajo and Pueblo Indians of New Mexico from 1957 through 1979. Death certificates constitute the primary source of data. A number of demographic and situational variables are examined for the cultural groups and similarities and differences are noted. Significant findings include a high male to female ratio ranging from 7.4:1 to 10.4:1; an age range of 10-39 for 75.4% - 93.4% of the completed suicides; and a high percentage of both males and females using extremely lethal methods, i.e. firearms and hanging, to commit suicide. Suicide rates for the Apache and Pueblo groups have been rising since the mid-1960's while Navajo rates have been rising since the early 1970's. The Apache had the highest suicide rate, followed by the Pueblo and Navajo, for the period 1957-1979. The age-adjusted rates range from 1.7 to 4.9 times the U.S. population, as well as some increase for those 55 years of age and over in two of the groups. Traditional and contemporary forms of social integration and acculturation are discussed as possible

explanations for the differential rates between groups and the increasing rate of suicides in all three groups.

(Journal Abstract)

(324) Author(s): Victoroff, Victor M.

Title: The suicidal patient: Recognition intervention, management.

Source: Medical Economics Books, Oradell: Library No: RC569.V53; ISBN 0-87489-261-9.

Format: book

Address: Medical Economics Books, Oradell, NJ, USA, 07649.

Level: II

The foreword of this text suggests that "suicide can be combatted by searching out its causes and by instituting therapeutic measures before the illness reaches such overwhelming dimension that it is at the point of lethality." By increasing understanding of suicide, the author proposes to make health care professionals more sensitive to the danger of suicide and possibly save lives. The phenomenon of suicide is discussed in terms of the kinds of suicide, statistics, motives, types of suicidal persons. A section on physician suicide is also included. Part two presents clues to suicide, predictor's of risk and an assessment index to aid professionals in the identification of potential suicide. As part of the management of suicidal patients, various topics are discussed including, factors affecting treatment, principles of suicide management, suicide crisis, problems, hospital suicide prevention and physicians at risk of suicide. The rights of a person to suicide, legal implications of suicide and ethical and legal obligations and liabilities of the physician are examined in part four. The final section discusses the effects of suicide on survivors.

(325) Author(s): Vidal, John A.

Title: Establishing a suicide prevention program.

Source: NASSP Bulletin, Vol 70(492): 68-71, Oct 1986.

Format: journal article

Level: II

Outlines important considerations for establishing suicide prevention programs in high schools. Teenage suicide rate has doubled since 1970. To deal with this crisis schools must develop procedures for detecting potential victims and for helping students and staff cope after a suicide. Schools must not be afraid to talk about suicide; avoiding the topic can increase risk of additional suicides.

(ERIC)

(326) Author(s): Vinal, Donna; Wellman, Catherine; Tyser, Kathleen; Stites, Ingrid; Leaf, Jo; Larson, Anne; Graves, Janet.

Title: A determination of the health-protective behaviors of female adolescents: A pilot study.

Source: Adolescence, Vol 21(81): 87-105, Spr 1986.

Format: journal article

Address: Vinal, University of Virginia, School of Nursing, McLeod Hall, Charlottesville, VA, USA, 22903.

Level: III

In this study, the unique needs and developmental stage of adolescent females were considered in the determination of health-protective behaviors and needs. Through the use of a questionnaire, 211 female freshman dormitory residents (17-22 years of age) attending a small, private, midwestern university, were surveyed to assess their knowledge, utilization, and perceived teaching needs regarding selected health-protective behaviors. Findings indicated that almost all of them identified basic forms of health-protective behaviors. However, a majority exhibited inadequate knowledge and use of basic health care practices. The health-teaching needs identified most frequently were in the areas of stress control; rape/suicide prevention; safety; and prevention/care of minor illnesses. Suggestions for program design and implications for health promotion are presented.

(Journal Abstract)

(327) Author(s): Ward, J. A.

Title: Adolescent suicide: A discussion from a study of suicide among Native youth.

Source: not available, 1981.

Format: manuscript

Level: III

The author presents this study of suicide among Native youth, based on his knowledge of self-destructive behavior among the Odawa and Ojibway peoples of Manitoulin Island. He first deals with suicide incidence/prevalence data, applied to adolescents and to the Native population. The second area presented is a delineation of high risk factors and intervention/treatment approaches. Lastly, a discussion of some applications to deal with the high risk group among the general youth population is given.

(S.I.E.C.)

(328) Author(s): Ward, J. A.

Title: Preventive implications of a Native Indian Mental Health Program on suicide and violent death.

Source: Journal of Preventive Psychiatry, Vol 2(3-4): 371-385, 1984.

Format: journal article

Level: III

Indian suicide has a high general incidence across North America affecting especially the age group 15 to 24 years although some reservations have much lower suicide rates than the normal population. A series of eight suicides occurred in a community of some 200 on a Canadian Indian Reservation in 1975. Following a study of the victims as well as those who attempted suicide, an intervention and preventive plan was developed. An approach with maximum involvement of the Indians was implemented.

(S.I.E.C.)

(329)

Author(s):	Ward, J.A.
Title:	The response of an Indian community to a suicide epidemic: A follow-up report.
Source:	International Congress for Suicide Prevention and Crisis Intervention (10th), Ottawa, Ontario, Canada, 1979.
Format:	report (transcript of proceedings)
Level:	III

An investigation of 12 Native suicide attempters and 10 Native controls indicate 25 significant distinguishing factors. A Coroner's inquest into a rash of suicides came forward with a number of recommendations with respect to intervention and to socio-cultural and educational changes. No evidence is available that the response has had an effect on the suicide rate.

(330)

Author(s):	Ward, J.A.; Fox, Joseph.
Title:	A suicide epidemic on an Indian Reserve.
Source:	Canadian Psychiatric Association Journal, Vol 22(8): 423-426, Dec 1977.
Format:	journal article
Level:	III

Gathered information about 8 young Canadian Indians, 17-31 yrs old, who had killed themselves in a 12-mo period, and about their families and their community. The 8 suicides had faced a conflict between the Indian culture and the modern world, had experienced family discord and family problems of alcohol abuse, had experienced low self-esteem, and had been socially isolated.

(Psych Abstract)

(331)

Author(s):	Ward, J.A.; Fox J.; Evans A.L.
Title:	Suicide and the Canadian Indians.
Source:	Annual Meeting of the International Congress on Suicide Prevention (9th), Helsinki, Finland, 389-401, 1977.
Format:	manuscript

Level: III

This article contains general information about suicide among Canadian Indians with reference to risk indicators, indirect suicide, socioeconomic status, traditional values and the contagion effect of suicide.

(332)

Author(s):	Wekstein, Louis.
Title:	Handbook of suicidology: Principles, problems, and practice.
Source:	Brunner/Mazel Publishers, New York, 1979: ISBN 0-87630-211-8, Libary No RC569.W44.
Format:	book
Address:	Brunner/Mazel Publishers, 19 Union Square, New York, NY, USA, 10003.
Level:	III

The author examines a multidisciplinary approach to suicidology. Post and present moral, religious and cultural attitudes to suicide are reviewed with emphasis on the subtle effects they may have upon current work in suicidology. The scope of life-threatening behaviour is analyzed with respect to the problems of data collection, American and world wide suicide rates, and statistics on suicide among medical professionals. Though the causes of life-threatening behaviour are unknown, information from past and present studies indicates that life-threatening behaviour has a wide variety of possible factors which are complex and may involve additional factors beyond the current scope of knowledge. Recent clinical studies are discussed with respect to their empirical findings, their implementation strategies and their usefulness in dealing with life-threatening behaviour. The relationship between suicide and syndromes such as psychosis and schizophrenia is also examined. The full range of prevention, intervention and postvention strategies are discussed with emphasis on procedures and techniques for dealing with both suicide and victim survivor. The "Suicide Prevention Manual" of the American Association of Suicidology, consisting of 14 workshops, is described and critiqued. A section on management of life-threatening behaviour explores various therapies and treatment procedures such as hospitalization, drug therapy, and electroconvulsive therapy. The final chapter refers to clinical and a series of real case studies.

(333)

Author(s):	Wellman, Mary M.
Title:	The school counselor's role in the communication of suicidal ideation by adolescents.
Source:	School Counselor, Vol 32(2): 104-109, Nov 1984.
Format:	journal article
Address:	Wellman, Rhode Island Coll., Providence, RI, USA, 02908.

Level: II

Reviews and summarizes the verbal and behavioral messages of adolescents (ADs) considered at risk for suicide in terms of the 5-stage model of suicidal behavior proposed by J. Jacobs (1980). These messages include prevailing sadness; difficulty in concentrating; acting-out behavior; academic failure; social isolation; disharmony or disruption in the family; recent loss of or attempted suicide of a loved one; atypical eating/sleeping patterns; verbal remarks about sense of failure, worthlessness, and isolation, absence, or death; written stories on the same themes; collection of pills or harmful devices; giving away of personal possessions; writing of a suicide note; and previous suicide attempts. The 5-stage model is applied to 3 cases of AD suicidal ideation: The 1st case is that of an AD reported by J.E. Mack and H. Hickler (1981), and the 2nd and 3rd cases are of ADs known to the author. It is contended that often a teacher will bring the AD at risk to the attention of the school counselor. The AD should be referred to the mutidisciplinary planning and placement team, and parents and appropriate professionals should be immediately informed. The team meeting should also take place immediately. Referral to other social service agencies may be necessary. Coordination of efforts between counselor, psychologist, and classroom teachers will ensure that the AD does not receive conflicting messages.

(Psych Abstract)

(334) Author(s): Wellman, Mary M.; Wellman, Robert J.

Title: Sex differences in peer responsiveness to suicide ideation.

Source: Suicide and Life-Threatening Behavior, Vol 16(3): 360-78, Fall 1986.

Format: journal article

Level: III

Assessed 1165 undergraduates' attitudes toward and beliefs about suicide. Sex differences were found in participant's receptivity to suicidal individuals, beliefs about the behavior of suicidal peers, attitudes concerning the worth of suicidal people, incidence of adolescent suicide and morality of suicide. There was no sex difference in participants' own frequency or seriousness of suicide ideation or suicide attempts.

(Psych Abstract)

(335) Author(s): Westermeyer, J.

Title: Disorganization: Its role in Indian suicide rates.

Source: American Journal of Psychiatry, Vol 128(1): 155-56, 1971.

Format: journal article

Level: III

Discusses the role of cultural differences and family problems among American Indians on this group's suicide rate.

(336) Author(s): Westermeyer, J.; Brantner, J.

Title: Violent death and alcohol use: Among the Chippewa in Minnesota.

Source: Minnesota Medicine, Vol 55: 749-752, Aug 1972.

Format: journal article

Level: III

Violent death occurs 5 times more often among North American Indians in Minnesota (predominately Chippewa) than among the general population and is the most common cause of death for this group. Violent deaths are more often associated with alcohol use than in the general population. These victims of violent death generally resemble such victims in the larger population with regard to sex, age and blood alcohol level. (9 ref) (NBB).

(S.I.E.C.)

(337) Author(s): Westermeyer, J.; Peake, E.

Title: A ten-year follow-up of alcoholic Native Americans in Minnesota.

Source: American Journal of Psychiatry, Vol 140(2): 189-94, Feb 1983.

Format: journal article

Level: III

A ten year follow-up study of 45 alcoholic Native Indians admitted to hospital. Seven had been abstinent for two years or more; seven were unchanged; nineteen were doing worse; nine were deceased and three were missing. Improvement was associated with stable employment and family environment and strong interpersonal relationships. Older people fared better than younger. Recovery was not related to severity of alcoholism. Indian run programs were a critical factor in three of seven recoveries.

(S.I.E.C.)

(338) Author(s): Westermeyer, Joseph.

Title: Firearms, legislation and suicide prevention.

Source: American Journal of Public Health, Vol 70(2): 108, Feb 1984.

Format: journal article.

Level: I

In the United States, the high suicide mortality from firearms may be reduced if effective legislation on firearm control is implemented.

(339) Author(s): Williams, Joseph.

Title: Why are Blacks less suicide prone than Whites?

Source: Crisis, Vol 90(10): 29, Dec 1983.

Format: journal article

Level: II

Discusses why Whites as they grow older, are increasingly likely to take their own lives while the suicide rate among Blacks and some other minority groups peaks in the 20s and then declines.

(ERIC)

(340) Author(s): Wodarski, John S.; Harris, Pamela.

Title: Adolescent suicide: A review of influences and the means for prevention.

Source: Social Work, Vol 32(6): 477-84: Nov-Dec, 1987.

Format: journal article

Address: Not available.

Level: II

Addresses adolescent suicide, the third leading cause of death among youths. Reviews depression, stress, family, and peer factors that impinge on adolescents and predispose them to suicide. Examines role of professionals in prevention efforts and outlines practice paradigm for identifying and helping suicidal adolescents.

(ERIC)

(341) Author(s): Wolf, M.

Title: Suizidalität bei Jugendlichen und familiesndynamische Prozesse. [Suicide in young people and family dynamics].

Source: Schweizer Archiv für Neurologie, Neurochirurgie und Psychiatrie, Vol 136(6): 79-80, 1985.

Format: journal article

Address: Wolf, Kinderpsychiatrischer Dienst, Winterhur, Switzerland.

Level: III

Describes the incidence, underlying causes, and prevention of suicide and suicidal intention among children and adolescents. Data from a research study among 2,668 youths in West Germany support the observation that the occurrence of suicide is

increasing in this population and that the family plays an important role in its etiology. Preventive measures must focus on changes in family structure and interactions.

(Psych Abstract)

(342) Author(s): Wyman, Leland C.; Thorne, Betty.

Title: Notes on Navaho suicide.

Source: American Anthropologist, Vol 47: 278-288, 1945.

Format: journal article.

Level: III

The pattern assemblage of suicide among the Navaho (at least in the area studied) is limited with regard to content as well as to occurrence. Victims are mostly in the upper age levels and are predominantly male. The act is usually committed at home. Methods are mainly limited to shooting and secondarily to hanging (leaping from a cliff possibly being an obsolescent pattern). The principal causes and motives for suicide are response to love-motives (grief over death of relatives, marital jealousy and quarreling) and avoidance of the consequences of crime or illness, numerous other motives present in other cultures being absent. A well crystallized abstract term for suicide does not exist and there is no origin legend for the practice nor any sanction of it in Navaho mythology. These limitations of the pattern assemblage may partly account for the attitude of not too violent disapproval of suicide and sorrow for the victim. Superficially they indicate that suicide is a relatively unimportant factor in Navaho culture, but Kluckhohn warns us most pertinently that "...discriminations on the basis of extensiveness of cultural importance" has an intensive, a qualitative, dimension as well." For the individual, attempted suicide is eminently adjustive (successful suicide ultimately so, in the sense of the hoary quip re the suicide, "I hope that will be a lesson to him"), but it may be fairly said that for Navaho society at large if suicide were as important an autistic reaction to deprivation as is, for instance, witchcraft, we might expect a less limited pattern assemblage, with mythological sanctions, terminology, techniques, distribution within certain time and space categories, etc., comparable to, let us say, those of witchcraft. To paraphrase Kluckhohn, suicide, then, takes its place as but one of a number of phenomena where the interaction between the Navaho organism and the changes in his environment may be observed and studied.

In the pattern assemblage of eschatology there are (major) idea patterns that the spirit of a suicide goes to the afterworld and can return as a ghost, whose nature is the same as that of other ghosts, but while there it must continually carry the suicide implement and is not allowed to live with nor in the same place as the spirits of other people, because they fear it.

(Author's Summary)

(343) Author(s): Yates, Alayne.

Title: Current status and future directions of research on the American Indian child.

Source: American Journal of Psychiatry, Vol 144(9): 1135-1142, Sep 1987.

Format: journal article

Address: Yates, Department of Psychiatry, Arizona Health Sciences Center, Tucson, AZ, USA, 85724.

Level: II

American Indians are the most severely disadvantaged of any population within the United States. By adolescence, Indian children show higher rates of suicide, alcoholism, drug abuse, delinquency, and out-of-home placement. School achievement is severely compromised, and many youths drop out before graduation from high school. The Indian child understands the environment through intuitive, visual, and pictorial means, but success in the Anglo school is largely dependent on auditory processing, abstract conceptualization, and language skills. This difference compounds existing problems of poverty, dislocation, alienation, depression and intergenerational conflict and can partially account for the higher rate of emotional and behavioral problems among Indian adolescents.

(Journal Abstract)

(344) Author(s): Young, Thomas J.

Title: Adolescent suicide: The clinical manifestation of alienation.

Source: High School Journal, Vol 69(1): 55-60, Oct-Nov 1985.

Format: journal article

Address: Young, U Nebraska, Lincoln, NB, USA, 68508.

Level: III

Discusses the theory that adolescent suicide can be largely viewed as the clinical manifestation of alienation and as a reflection of social pathology. Sources of adolescent alienation include conflicting social messages concerning sexuality and independence; social, political, and economic marginality; bureaucratization of the family structure; and a social structure that promotes the sociopsychological problem of ontological insecurity. More attention must be given to primary prevention if the adolescent suicide rate is to be significantly reduced. Social changes are required that reduce the level of alienation and existential frustration among adolescents. Schools should emphasize creative, group-oriented, humanistic learning, and must provide adequate coping mechanisms to protect against excessive academic stress. Although the adolescent suicide epidemic is a complex, multivariate problem, educators must play a significant role in its prevention by initiating measure within the school, community, and larger social structure.

(Psych Abstract)

(345) Author(s): Zimmerman, S.L.

Title: States' public welfare expenditures as predictors of state suicide rates.

Source: Suicide Life Threatening Behavior, Vol 17(4): 271-87, Winter 1987.

Format: journal article

Address: Zimmerman, University of Minnesota, Minneapolis, MN, USA, 55455.

Level: IV

This exploratory multiple-regression study took its cue from social integration theory to examine the relative importance of state per capita expenditures for public welfare in predicting state suicide rates when controlling for the effects of state divorce rates, state population change rates, and the percentage of persons with annual incomes between $10,000 and $19,999. While the four variables together accounted for .73 of the explained variance in state suicide rates, the effects of state per capita expenditures for public welfare were not very important when those of the other variables were taken into account. This, however, does not mean that state per capita expenditures for public welfare are inconsequential with respect to state suicide rates, inasmuch as they were inversely related to each of the other three independent variables, each of which was positively related to state suicide rates. This means that state per capita expenditures are indirectly related to suicide--in a negative direction. The implications of the findings for policy and suicide prevention are briefly discussed.

(Medline)

(346) Author(s): Zinner, Ellen S.

Title: Responding to suicide in schools: A case in loss intervention and group survivorship.

Source: Journal of Counselling & Development, Vol 65(9): 499-501, May 1987.

Format: journal article

Address: Not available.

Level: II

Proposes general strategies for group survivorship intervention in a case study of an elementary school student's suicide. Examines these strategies with specific reference to intervention efforts involving the class, student body, teachers, principal, and parents at the elementary school.

(ERIC)

2.2 Author Index

A

Adam, K.S. 298

Alberta Committee on Children and Youth 1

Alberta Department of Education 2

Allen, B.P. 3

Allen, David B. 97

Allen, Nancy H. 222

Alonso-Fernandez, Francisco 4

American Association of Suicidology 5

Amisson, Thomas J. 100

Andriola, K.R. 6

Armstrong, S. 7

B

Bagley, C.R. 8

Bagley, Christopher 8

Baker, Susan 290

Bapp, J.F. 282

Bapp, John 77

Barnes, R.A. 10

Barnes, Sharon 232

Barton, Stephen N. 207

Bascue, Loy O. 144

Bauman, Kay A. 193

Beck, Aaron T. 11, 12

Berent, Irving 13

Berglund, M. 14

Berlin, I. 15, 16

Berlin, I.N. 17, 18

Berlin, Irving N. 19, 20
Berman, Alan L. 21
Bigfoot, D.S. 166
Bittker, T.E. 288
Blackstock, E.G. 22
Blanchard, E.L. 23
Blanchard, J.D. 23
Blumenthal, S.J. 24
Boldt, Menno 25, 26, 27, 150
Bonacci, David 42
Bonner, Ronald L. 28
Brant, C.C. 29
Branter, J. 330
Brent, David 71
Bromet, Evelyn J. 71
Brooks, Richard M. 222
Brown, Brenda 30
Brown, J.M. 31
Bryant, T. 32
Buffler, P.A. 159
Bulletin of Suicidology 33
Burgess, A.W. 195

C

Calhoun, Lawrence G. 34
Campbell, W. 264
Canadian Mental Health Association 35
Capuzzi, Dave 36
Carstenson, Lundie L. 251
Chandrasena, R. 37
Chandrasena, R.D. 38

Chiles, John A.	39
Cimbolic, Peter	124
Civeira Murillo, Jose M.	40
Clements, Colleen D.	41, 42
Clum, George A.	43
Cochran, John R.	95
Cochran, Kent Scott	44
Collins, J.P.	45
Committee on Sudden Adolescent Death (COSAD)	46
Concerned Citizens Committee	47
Congress of the U.S., Washington, D.C., House Committee on Education and Labor	48, 49
Congress of the U.S., Washington, D.C., House Select Committee on Aging	50
Congress of the U.S., Washington, D.C., House Select Committee on Children, Youth and Families	51
Congress of the U.S., Washington, D.C., Senate Committee on the Judiciary	52, 53
Conn, J.M.	265
Conrad, Rex, D.	54
Cook, Brian L.	55
Coombs, David W.	207
Cornish, J.	31
Cotton, Paul G.	56, 79
Crawford, E.	264
Crawford, Sylvia	292
Crandall, Arlene B.	268
Crockett, A.W.	57
Cummings, P.J.	58

Cutler, R. 59
Cutter, Fred 60
Cynamon, M.H. 288

D

Dashef, Stephen S. 61
Dauphinee, D. 62
Davenport, J. 63
Davenport, J.A. 63
Davidson, L.E. 265
Davis, Brian 263
Davis, John M. 64
Davis, Patricia A. 65
de las Heras, J. 40
Delisle, Jim 66
Dempsy, Richard A. 67
Department of Indian and Northern Affairs, Canada 68
Devereux, G. 69, 70
Dew, Mary Amanda 71
Diekstra, Rene F.W. 72, 73
Dingman, C.W. 74
Dizmang, L. H. 75, 76
Dizmang, Larry H. 77, 192, 258
Doka, Kenneth 78
Drake, Robert E. 56, 79
Duenas, M. 40
Dyck, R.J. 80, 81

E

Eaton, P. 261
Einsidler, Bernice 111

Emery, Gary 12
Ennis, J. 10
Enriquez, Virgilo G. 82
Evans, A.L. 83, 89, 331
Everett, M.W. 84, 178

F

Fain, Pamela R. 87
Farberow, N.L. 85
Farberow, Norman L. 260
Federation of Saskatchewan Indian Nations (FSIN): Health and Social Development Commission 86
Fine, Paul 87
Fitchette, B. 88, 303
Fox, J. 89, 90, 331
Fox, Joseph 91, 330
Frances, Allen 92
Frederick, C.J. 93
French, L. 94
Fujimura, Laura E. 95
Fuse, T. 96

G

Gates, Charlene 56, 79
Gazay, Louis 112
Getz, William L. 97
Giovacchini, Peter 98
Glatt, K. L. 99
Glatt, Kenneth M. 100
Gold, D.D. Jr. 101
Goldberg, R.J. 102

Gonzolez Forestier, Tomas 103
Gordon, B. 101
Gould, Madelyn S. 104
Graham, J.C. 107
Graves, Janet 326
Green, Ben Ezra 105
Greenhouse, Joel B. 71
Grove, O. 106
Gutstein, S.E. 107

H

Haenel, T. 108
Haggag, A. 234
Haile, Penelope J. 109
Hals, Elaine 110
Hanigan, D. 315
Hankoff, L. D. 111
Harris, Pamela 340
Harvey, Elinor B. 112
Hatton, C.L. 113
Havighurst, Robert J. 114
Hayes, K. 115
Hayes, P.A. 115
Health and Welfare Canada 116
Hechne, Lynn 42
Health and Welfare Canada, Saskatchewan Region 117
Hengeveld, M.W. 118
Heilbron, David C. 221
Henry, Phil 119
Henry, Phillip N. 120
Herkhof, A.J. 118

Hess, Allen K. 121
Hill, C.A. 122, 235
Himmelhoch, J.M. 123
Hipple, John 124
Hislop, T.G. 125
Hlady W.G. 126
Hobart, C. 127
Hochkirchen, Bernward 128
Hodgman, Christopher H. 129
Hodson, D. 130, 131, 132
Hodson, David 133
Hoffmaster, C.B. 134
Hogarty, S.S. 135
Holigner, P.C. 136
Hopkins, R.W. 229
Hornblow, Andrew R. 137
Hornbuckle, J. 94
Hubbard, Richard W. 200
Hughes, Charles C. 171
Humphrey, John A. 138
Hunt, Claire 139

I

Imboden, Clinton U. 140
Indian Affairs, Bureau of, Washington D.C. 141
Indian and Northern Health Services, Canada 142
Indian Record 143
Inman, David J. 144

J

Jacobs, Douglas 145
Jacoby, Bruce 146
Janus, M. 195
Jarvis, G.K. 147, 148, 149
Jarvis, George K. 150
Jensen, Amy Hillyard 151
Jewell, Barbara L. 201
Jilek, Wolfgang 128
Johnson S.W. 152
Johnson, Wanda Y. 153
Jorstad, J. 154
Juster, Richard P. 221

K

Kahn, Marvin W. 54, 155
Kahn, Wallace J. 144
Katz, P. 190
Klagsbrun, Francine 156
Kliewer, E.V. 157
Kost-Grant, Brian L. 158
Krantz, P. 14
Kraus, R.F. 159
Krawll, M.B. 160, 161
Kreitman, N. 162
Krugley, Richard A. 163
Kupferer, H.J. 164
Kupferer, Harriet J. 138
Kunitz, S.J. 176, 177, 178
Kunitz, Stephen J. 180

L

LaDue, Robin A. 165
LaFramboise, T.D. 166
Lancet, The 167
Larson, Anne 326
Leaf, Jo 326
Leder, Jane Mersky 168
Leenaars, A.A. 169, 170
Leeper, James D. 207
Lehman, Cynthia J. 270
Leighton, Alexander H. 171
Lennox, Carolyn 172
Lester, D. 175
Lester, David 11, 173, 174
Lester, G. 175
Lettieri, Dan J. 11
Levitt, Lynn 109
Levy, J.E. 176, 177, 178
Levy, Jerrold E. 179, 180
Lewis, Dorothy B. 216
Lewis, Thomas H. 181
Linder, Karen C. 97
Linnoila, Marku 267
Lippman, S. 240
Long, K.A. 182, 183
Loo, Robert 184
Lundqvist, G. 14
Lynge, J. 106

M

Mack, John L. 145
MacLean, B. 185

Main Frank O.	186
Maki, Takeshi	187
Maggie, Don	313
Maggie, Martin	313
Manitowabi, D.	90, 91
Manson, Spero M.	286
Maris, Ronald W.	188
Martin, M.	40
Martinez Lanz, Patricia	189
May, P.A.	190
May, Phillip A.	77, 191, 192, 323
Mayer, Patricia A.	193
McAlpine, D.E.	194
McBride, Valente S	113
McCormack, A.	195
McDougall, Sheila	196
McGinnish, Michael J.	197
McGlashan, T.H.	74
McIntire, Matilda S.	87
McIntosh, J.L.	198
McIntosh, John L.	199, 200, 201, 202, 203, 204, 205
McShane, D.	206
Middaugh, J.P.	126
Miller, Howard L.	207
Miller, M.	208
Miller, Marv	209, 210, 211, 212
Miller, Sheldon I.	213
Mills, Marlene C.	214
Minde, K.K.	215
Moore, Pamela S.	216
Morgan, M.W.	217
Morrison, James L.	218

Morrison, N. 59
Morse, Maria 119
Motto, Jerome A. 11, 219, 220, 221, 222
Myers, R. Keith 97

N

Narveson, Jan 223
National Native Alcohol and Drug Abuse Program 224
National Native Alcohol and Drug Abuse Program (Pacific Region) 225
National Task Force on Suicide in Canada 226
Native Counselling Services of Alberta 227, 228
Neiger, B.L. 229
Nelson, F.L. 230
Nelson, Franklyn L. 231
Neville, Doreen 232
New York State Education Dept. 233
Nissen, T. 234
Nystul, Micheal S. 227

O

Offer, D. 136
Ogden, M. 235
Ojanlatva, Ansa 236
Osgood, N.J. 237
Ottens, Allen J. 238

P

Parkin, Michael 239
Pary, R. 240

Patterson, D. 81
Peck, Michael L. 241
Peake, E. 337
Pelej, John P. 242
Pelicier, Yves 243
Peniston, Eugene G. 244
Pentikainen, Juha 245
Perrone, Philip A. 246
Peters, R. 247
Peters, R.W. 310
Peters, Ron 248, 249
Pfeffer, Cynthia R. 250
Phillips, David P. 251, 252
Pine, Charles J. 253
Pohlmeier, Hermann 254
Polk, Sophie 255
Pollard, Robert 256
Prasad, Ashoka J. 257
Prince, M.T. 115
Privitera, Micheal 42

R

Rayah, L.L. 107
Reed, Raymond 290
Resnik, H.L.P. 258
Resnik, Harvey L. 11
Reynolds, David K. 259, 260
Reynolds, P. 261
Rich, Alexander R. 28
Robertson, B.M. 262
Robins, Elia 263
Rodaitis, C.M. 135

Roll, S. 23
Rosenberg, M.L. 264
Ross, Charlotte 222
Ross, Colin A. 265
Rotherham, M.J. 266
Roy, Alec 267
Rudd, M.D. 107
Rush, John A. 12

S

Sadoff, Wallace L. 268
Saffer, Jerry B. 269
Safran, Stephen P. 270
Saltijeral, M. 189
Samuels, Bennett 112
Santora, D. 271
Santos, John F. 202, 203, 204, 205
Satorius, Norman 272
Saunders, Judith M. 321
Schoenfeld, Lawerence C. 213
Schuckit, Judith J. 273
Schuckit, Marc A. 273
Seiden, Richard H. 274
Seva, Diaz A. 275
Shaffer, David 104
Sharlin, Shlomo A. 276
Shaughnessy, Michael F. 277
Shaw, Brian F. 12
Shaw, Peggy Ann 144
Shenhar, Aliza 276
Sherwood, David W. 100
Shields, Jack Richard 278

Shneidman, Edwin	210, 279
Shneidman, Edwin S.	111, 280, 281
Shore, J.H.	282
Shore, James H.	283, 284, 285, 286
Siegel, K.	287
Sievers, M.L.	288
Simon, Werner	289
Simpson, Sylvia G.	290
Smith, J.C.	265
Smith, Jack C.	291
Smith, Kim	292
Solursh, L.	293
Soubrier, Jean P.	294
Spaulding, John M.	295
Spector, M.I.	122, 235
Starkey, P.	271
Steinberg, A.	296
Stephens, R.	297
Stites, Ingrid	326
Storm, Doris	146
Streiner, D.L.	298
Stromee, Victoria Margaret	299
Sudak, H.S.	300
Suicide Prevention Provincial Advisory Committee	301, 302
Swanson, Gary B.	303
Swenson, D.D.	76
Syer, D.	304
Syer, Diane	305
Syer, Diane S.	306
Syer-Solursh, D.	93
Szasz, Thomas	111, 188, 307

T

Tanney, Bryan L. 308
Taylor, R. 309
Teret, Stephen 290
Termansen, P.E. 310
Termansen, Paul E. 249
Thompson, J.W. 311
Thompson, T.R. 312
Thorne, Betty 342
Thurman, Pam Jumper 313
Tobias, C.R. 240
Tonkin, R.S. 314
Tousignaut, M. 315
Trainor, D. 316
Travis, Robert 317, 318
Trovato, F. 319
Tucker, P. 287
Tyser, Kathleen 326

U

U.S. Dept. of Health, Education and Welfare 320

V

Valente, Sharon M. 321
van der Wal, J. 118
VanWinkle, N.S. 322
VanWinkle, Nancy Westlake 323
Victoroff, Victor M. 324
Vidal, John A. 325
Vinal, Donna 326

W

Wainman, G. 62
Waller, T.R. 282
Ward, J.A. 89, 90, 91, 327, 328, 329, 330, 331
Ward, R.H. 157
Watson, Jane 77
Weis, David M. 75
Wekstein, Louis 332
Wellman, Catherine 326
Wellman, Mary M. 333, 334
Wellman, Robert J. 334
Wenchstern, S. 170
West, John D. 186
Westermeyer, J. 335, 336, 337
Westermeyer, Joseph 338
Whitaker, Anne 79
Williams, Joseph 339
Wills, John S. 252
Wodarski, John S. 340
Wolf, M. 341
Wyman, Leland C. 342

Y

Yates, Alayne 343
Yerevanian, Boghos 42
Young, Thomas J. 344

Z

Zola, M.A. 136
Zimmerman, S.L. 345
Zinner, Ellen S. 346

2.3 Subject Index

A

acting-out 241

Adler 186

adolescence 3, 4, 7, 17, 23, 36, 48, 65, 66, 81, 90, 98, 115, 128, 136, 150, 152, 153, 156, 166, 170, 175, 176, 183, 191, 193, 195, 199, 206, 216, 218, 233, 241, 255, 264, 266, 268, 269, 270, 271, 272, 273, 276, 292, 299, 300, 313, 314, 326, 333, 343

adolescent suicide 1, 2, 3, 4, 19, 20, 21, 23, 24, 32, 44, 46, 48, 49, 50, 52, 53, 64, 65, 67, 77, 86, 87, 92, 95, 97, 98, 104, 110, 111, 114, 119, 120, 139, 145, 153, 156, 168, 175, 186, 189, 210, 212, 215, 226, 229, 230, 236, 241, 246, 251, 252, 256, 263, 269, 273, 276, 282, 292, 300, 303, 314, 320, 327, 333, 334, 340, 344

aetiology (see causes)

age 4, 10, 20, 21, 22, 27, 35, 36, 37, 55, 57, 60, 64, 68, 83, 136, 142, 148, 149, 150, 196, 198, 201, 204, 235, 237, 245, 249, 257, 263, 264, 265, 273, 274, 290, 303, 310, 312, 314, 315, 318, 319, 323, 326, 328, 336, 342

Alaska 96, 105, 126, 152, 158, 159, 161, 239, 253, 255, 296, 318

Alberta 1, 2, 8, 26, 27, 45, 58, 81, 147, 149, 196, 227, 228, 297, 309

alcohol use 11, 14, 17, 18, 19, 20, 21, 39, 45, 47, 51, 54, 55, 59, 86, 91, 93, 95, 106, 111, 112, 114, 123, 126, 128, 150, 155, 158, 159, 163, 165, 167, 175, 177, 178, 179, 180, 190, 192, 193, 194, 198, 199, 206, 213, 226, 229, 237, 241, 244, 245, 255, 258, 263, 267, 273, 277, 283, 284, 295, 300, 301, 302, 303, 304, 306, 310, 318, 328, 330, 336, 337, 343

Aleut 112, 158, 245

anxiety 12, 112, 154, 195

Apache 84, 180, 190, 322, 323

Arizona 84, 103, 299

attempted suicide 4, 10, 11, 13, 19, 21, 31, 39, 47, 53, 54, 58, 72, 76, 92, 99, 100, 101, 108, 112, 134, 139, 142, 156, 158, 162, 163, 168, 180, 209, 210, 212, 213, 216, 217, 223, 241, 244, 260, 261, 262, 263, 270, 273, 275, 278, 283, 285, 288, 290, 328, 329, 332, 333, 334, 337

attitudes 45, 65, 72, 80, 83, 103, 134, 144, 156, 171, 199, 217, 227, 228, 245, 278, 296, 300, 305, 325, 332, 334

Australia 155

B

behaviour (also see self-destructive behaviour) 4, 11, 12, 28, 30, 39, 43, 53, 67, 72, 87, 104, 105, 106, 107, 110, 111, 118, 124, 137, 163, 165, 177, 194, 202, 212, 216, 241, 248, 258, 259, 263, 275, 278, 279, 280, 281, 284, 296, 292, 313, 315, 318, 325, 326, 333, 334, 343

behavioural therapy 12

bereavement 26, 34, 46, 69, 143, 151, 170, 182, 220, 245, 269, 301, 302, 321

bibliography 208, 248

biological factors 55, 111, 125, 216, 219, 241, 257, 267, 277

Blackfeet 33

British Columbia 59, 116, 125, 157, 225, 247, 310

C

California 230

Canada 1, 2, 7, 8, 9, 22, 25, 26, 27, 29, 31, 35, 37, 38, 39, 45, 47, 58, 59, 62, 68, 80, 81, 83, 86, 88, 89, 90, 91, 116, 125, 127, 130, 131, 132, 133, 134, 142, 143, 147, 148, 149, 150, 157, 160, 161, 162, 169, 170, 184, 195, 196, 215, 224, 226, 227, 228, 247, 248, 249, 261, 262, 265, 293, 297, 301, 302, 304, 305, 306, 309, 310, 312, 314, 315, 316, 319, 327, 328, 330, 331

case study 7, 23, 37, 61, 69, 76, 83, 97, 98, 108, 111, 134, 146, 156, 163, 168, 183, 210, 241, 260, 262, 282, 332

causes 1, 4, 11, 13, 23, 29, 52, 65, 86, 89, 90, 98, 111, 117, 129, 132, 142, 146, 156, 171, 175, 179, 212, 226, 243, 263, 271, 277, 279, 280, 281, 305, 306, 309, 310, 313, 324, 327, 328, 332, 341, 342

Cherokee 94, 138, 313

Cheyenne 75, 175, 182

child suicide
(also see children, adolescent suicide) 9, 346

children
(also see adolescence) 17, 19, 87, 105, 170, 189, 215, 216, 233, 250, 255, 268, 270, 312, 314, 341, 346

clinical study 11, 41, 55, 97, 103, 219, 221, 250, 257, 260, 332, 344

cognitive therapy 12

community 18, 23, 26, 37, 51, 52, 63, 76, 93, 112, 127, 130, 133, 161, 183, 197, 218, 222, 224, 225, 227, 228, 233, 247, 264, 265, 268, 282, 301, 302, 306, 309, 311, 316, 321, 328, 329, 330, 344

completed suicide 6, 11, 13, 19, 21, 22, 39, 42, 47, 53, 54, 58, 70, 72, 74, 84, 89, 126, 142, 156, 163, 171, 180, 185, 201, 206, 209, 212, 216, 235, 241, 263, 267, 273, 283, 285, 288, 295, 314, 322, 323, 328

computer 13, 50, 140, 247

counselling 26, 36, 41, 44, 45, 46, 48, 58, 95, 97, 109, 113, 116, 121, 124, 137, 143, 145, 166, 170, 225, 229, 231, 232, 242, 246, 247, 269, 277, 299, 310, 329, 333, 346

counsellor 20, 97, 124, 246, 299

crisis 11, 35, 36, 52, 111, 120, 121, 124, 146, 156, 163, 168, 225, 241, 268, 324, 325

crisis intervention
(also see intervention) 2, 5, 46, 30, 50, 88, 99, 113, 139, 140, 145, 152, 212, 220, 227, 228, 232, 241, 269, 332

crisis line 26, 97, 99, 100, 124, 137, 187, 216, 220, 232, 299

cultural values 8, 16, 84, 166, 176, 190, 234

D

death 8, 27, 47, 59, 67, 68, 69, 70, 78, 86, 122, 125, 126, 141, 147, 150, 151, 155, 158, 159, 164, 177, 180, 185, 192, 216, 231, 264, 269, 290, 293, 300, 304, 321, 322, 327, 337

depression 2, 12, 13, 14, 17, 20, 28, 30, 35, 36, 42, 67, 81, 87, 103, 112, 116, 117, 124, 128, 129, 153, 154, 175, 181, 186, 194, 206, 212, 216, 225, 229, 237, 240, 244, 250, 261, 264, 267, 270, 277, 284, 286, 299, 300, 303, 310, 340, 343

demographic factors 1, 11, 15, 16, 27, 68, 86, 89, 95, 122, 124, 136, 141, 142, 149, 163, 196, 198, 209, 212, 241, 249, 263, 274, 278, 282, 283, 290, 291, 307, 310, 312, 322, 323, 339

drug use 19, 39, 51, 54, 77, 86, 95, 105, 111, 163, 193, 229, 255, 273, 277, 284, 285, 288, 295, 301, 303, 343

drug therapy 12, 123, 216, 219, 241, 332

drug toxicology 11

Durkheim 63, 171, 317, 319

E

education 36, 37, 81, 115, 152, 170, 296

effectiveness 71, 82, 99, 100, 133, 137, 153, 167, 199, 207, 308, 316

ego 76, 89, 90, 175, 241, 244, 278, 305, 328

elders 20, 204, 274

electroconvulsive therapy 123, 219, 308, 332

emotional problems 66, 128, 129, 153, 189, 239, 284, 343

England 162, 167, 257, 289

environment factors 8, 9, 11, 20, 39, 47, 51, 54, 59, 63, 150, 166, 174, 182, 183, 239, 241, 245, 311, 331, 343

epidemiology 15, 16, 27, 37, 47, 54, 58, 59, 71, 76, 136, 196, 197, 226, 272, 273, 283, 284, 290, 293, 297, 309, 311, 314, 323, 332

Eskimo (see Inuit)

ethics 41, 73, 124, 138, 188, 222, 223, 231, 294, 307, 321, 324

etiology (see causes)

Europe 72, 207, 272

euthanasia 73, 254, 263

F

family 11, 13, 15, 16, 18, 19, 23, 28, 30, 34, 37, 42, 51, 56, 58, 61, 64, 65, 66, 67, 77, 86, 87, 92, 95, 98, 107, 112, 114, 116, 117, 124, 155, 156, 168, 171, 172, 179, 189, 192, 196, 216, 217, 225, 229, 230, 233, 234, 237, 240, 241, 270, 277, 278, 283, 299, 305, 306, 310, 318, 330, 333, 335, 337, 341, 340, 344, 346

field study 19, 21, 27, 28, 55, 70, 128, 179, 212, 213, 285, 295, 329
Finland 244
firearms 126, 158, 179, 184, 203, 263, 264, 285, 295, 314, 323, 338
follow up 22, 23, 25, 26, 36, 74, 90, 107, 115, 118, 162, 163, 170, 187, 226, 233, 240, 277, 289, 301, 302, 316, 337
France 294
friends 34, 95, 114, 124, 151, 156, 168, 193, 237, 245, 269, 303
funding 25, 26, 48, 49, 52, 119, 301, 302

G
general information 7, 80, 81
gatekeeper 26, 75, 170
genetics 55, 219
Germany 254, 289, 341
government 48, 49, 50, 51, 52, 53, 119, 120, 141, 165, 176, 230, 301, 302, 310, 338
Greenland 106
group therapy 220, 289, 346
guns (see firearms)

H
health care personnel 40, 104, 121, 200, 201, 324
high risk 30, 111, 117, 131, 149, 213, 229, 242, 252, 325
history 65, 70, 111, 124, 175, 216, 243, 253, 306
homicide 59, 93, 138, 147, 150, 158, 164, 173, 174, 175, 177, 178, 180, 235, 284, 336
Hopi Indians 176, 177
hospitals 38, 40, 42, 87, 102, 104, 111, 135, 194, 210, 240, 260, 262, 324, 332

I
illness 14, 45, 111, 116, 159, 171, 180, 225, 245, 288, 326
impact 34, 49, 67, 68, 78, 104

incidence (see suicide rate)

Indian (also see Native) 1, 6, 8, 15, 16, 18, 20, 21, 23, 29, 32, 33, 45, 47, 58, 59, 63, 68, 69, 70, 75, 76, 77, 82, 84, 85, 86, 88, 89, 90, 91, 93, 94, 105, 111, 112, 113, 114, 116, 122, 125, 127, 128, 130, 131, 133, 138, 141, 142, 143, 147, 148, 149, 150, 155, 158, 160, 161, 162, 164, 165, 166, 175, 176, 177, 178, 179, 180, 181, 182, 183, 185, 186, 190, 191, 192, 196, 198, 202, 205, 206, 208, 209, 211, 213, 217, 224, 225, 227, 228, 235, 244, 245, 248, 253, 258, 265, 271, 274, 282, 283, 284, 285, 286, 288, 290, 293, 295, 297, 299, 300, 304, 305,306, 309, 310, 311, 313, 314, 316, 320, 322, 323, 324, 327, 328, 329, 330, 331, 335, 336, 337, 339, 342, 343

Inuit (also see Native) 106, 112, 122, 126, 141, 142, 155, 158, 159, 161, 171, 198, 234, 235, 239, 245, 255, 278, 293, 306, 310, 317

intervention (also see crisis intervention) 13, 15, 16, 19, 20, 25, 26, 30, 35, 40, 41, 58, 60, 61, 64, 65, 81, 90, 91, 95, 97, 101, 107, 103, 110, 111, 117, 119, 124, 144, 152, 156, 161, 163, 166, 168, 176, 182, 183, 194, 197, 210, 211, 214, 218, 223, 225, 226, 227, 229, 231, 233, 242, 246, 256, 272, 275, 276, 293, 298, 301, 302, 303, 309, 310, 313, 316, 321, 324, 327, 328, 329, 332, 346

Ireland 162

J

Japan 187, 259

L

legal perspective 31, 43, 73, 102, 111, 124, 134, 135, 210, 226, 287, 294, 307, 314, 332

legal problems 21, 77, 86, 94, 106, 121, 178, 210, 263, 332, 343

literature review 3, 71, 111, 206, 271, 284, 306, 339

M

Manitoba 312

marriage 20, 148, 149, 179, 196, 211, 216, 263, 317

media 46, 104, 162, 251

mental health 12, 15, 37, 40, 42, 70, 79, 87, 88, 95, 97, 112, 119, 121, 133, 145, 156, 159, 182, 192, 226, 234, 270, 282, 287, 300, 306, 307, 310, 332

Michigan 139

Micronesia 193

Minnesota 218

minority groups 50, 155, 202, 203, 204, 241, 339

moral issues 134, 223, 296, 287, 307

mortality (see death)

mortality rate (see death)

mutism 181

myths 2, 10, 11, 12, 13, 19, 20, 21, 35, 39, 42, 49, 53, 55, 60, 65, 67, 76, 77, 79, 81, 89, 93, 95, 97, 104, 106, 111, 117, 124, 140, 145, 146, 150, 153, 156, 163, 168, 169, 187, 189, 200, 209, 210, 212, 216, 223, 225, 226, 227, 233, 241, 243, 245, 250, 252, 256, 259, 269, 270, 272, 273, 275, 277, 281, 289, 294, 301, 302, 303, 310, 321, 324, 325, 327, 328, 329, 332, 333, 343

N

Native (also see Indian, Inuit) 9, 19, 26, 51, 105, 117, 122, 132, 133, 149, 150, 158, 159, 196, 199, 203, 204, 205, 226, 228, 239, 241, 248, 253, 296, 293, 301, 302, 306, 310, 311, 312, 318, 329

Navajo 82, 177, 178, 179, 190, 213, 217, 322, 323

Netherlands 72, 73, 118

New Mexico 322, 323

New York 99, 268

North Carolina 94, 120, 138, 164

Northwest Territories 142

Norway 234

nurses 58, 118, 135, 144, 183, 210, 232, 260, 321, 324

nutrition 237

O

Objibwa 295

Ontario 22, 29, 31, 37, 38, 47, 62, 132, 134, 170, 295

organization 49

P

parasuicide (also see attempted suicide) 57, 128, 234, 257, 265

philosophy 134, 296

physician 10, 24, 57, 87, 111, 194, 209, 210, 213, 240, 254, 267, 289, 324, 3.

peer counselling 166, 218

poetry 277

police 184

postvention 65, 97, 139, 143, 170, 210, 226, 227, 236, 242, 246, 301, 302, 324, 332, 346

prediction 3, 11, 28, 55, 72, 103, 118, 129, 136, 187, 244, 252, 263, 279, 280, 281, 292, 324, 325, 345

prevention 3, 4, 5, 11, 13, 14, 17, 19, 20, 23, 24, 25, 26, 29, 30, 33, 35, 36, 40, 43, 46, 48, 49, 50, 52, 53, 55, 61, 64, 65, 66, 72, 73, 76, 78, 82, 87, 88, 91, 95, 97, 99, 100, 103, 108, 109, 110, 111, 116, 117, 119, 120, 129, 140, 144, 145, 146, 152, 153, 156, 160, 162, 163, 166, 167, 168, 176, 182, 183, 187, 188, 189, 193, 197, 200, 207, 210, 211, 214, 216, 218, 219, 223, 224, 226, 227, 228, 229, 230, 231, 233, 238, 240, 241, 243, 254, 256, 260, 264, 268, 272, 275, 276, 277, 287, 288, 292, 297, 298, 299, 301, 302, 303, 307, 308, 309, 310, 316, 320, 321, 324, 325, 326, 327, 328, 332, 338, 341, 340, 344

prison (see legal problems)

professional help 10, 11, 12, 26, 39, 42, 43, 44, 45, 57, 60, 83, 90, 95, 97, 116, 124, 156, 172, 225, 229, 241, 247, 268, 276, 307, 324, 340

programs 19, 20, 21, 25, 26, 36, 44, 48, 49, 51, 52, 53, 61, 67, 71, 76, 88, 91, 93, 99, 100, 107, 109, 111, 112, 119, 120, 133, 137, 153, 160, 161, 162, 165, 167, 170, 172, 176, 193, 197, 207, 220, 222, 225, 226, 227, 228, 230, 238, 241, 247, 255, 264, 298, 299, 301, 302, 310, 311, 316, 321, 325, 327, 328

program evaluation 133, 160, 172, 222, 238, 254, 293, 328

psychiatry 37, 38, 102, 118, 123, 154, 183, 240, 262

psychology 2, 3, 12, 14, 23, 31, 50, 57, 63, 101, 105, 111, 155, 165, 234, 237, 238, 241, 271, 277, 279, 280, 281, 287, 318

psychological autopsy 23, 241

psychosocial factors 6, 16, 17, 18, 47, 58, 63, 70, 75, 84, 90, 127, 130, 132, 155, 165, 175, 221, 289, 305

psychotherapy 61, 123, 154, 214, 216, 279, 280, 281

Q

Quebec 315

questionnaire 76, 83, 97, 133, 160, 169, 196, 210, 212, 256, 324

R

race 64, 86, 113, 114, 122, 148, 157, 196, 198, 201, 202, 204, 209, 216, 235, 239, 263, 264, 274, 291, 300, 312, 339

referral 140

religion 15, 80, 111, 124, 130, 131, 132, 134, 169, 188, 209, 223, 241, 243, 245, 296, 332

research (also see theoretical research) 25, 37, 50, 52, 62, 83, 118, 119, 120, 183, 200, 226, 241, 248, 251, 267, 271, 273, 301, 302, 315, 336, 337

resources 20, 23, 26, 45, 46, 65, 68, 160, 168, 208, 216, 224, 227, 232, 233, 277, 301, 302, 309

risk assessment 11, 12, 13, 24, 39, 42, 76, 93, 97, 101, 102, 113, 124, 163, 183, 210, 212, 215, 221, 232, 233, 240, 256, 261, 266, 272, 278, 324, 333

risk factors 10, 11, 12, 19, 20, 21, 24, 49, 53, 55, 57, 60, 77, 79, 95, 104, 106, 123, 124, 135, 150, 156, 163, 173, 209, 211, 212, 216, 219, 221, 226, 237, 241, 252, 266, 268, 273, 270, 276, 278, 289, 309, 310, 312, 327, 331, 338

Rorschach 278

S

samaritan groups 111, 167, 207, 301, 302

Saskatchewan 86, 117

schizophrenia 56, 79, 97, 257, 273, 284

schools 2, 15, 16, 17, 20, 23, 30, 36, 44, 46, 53, 58, 64, 65, 67, 66, 77, 98, 105, 109, 112, 114, 120, 139, 152, 153, 169,

170, 172, 193, 206, 210, 218, 230, 233, 234, 236, 241, 242, 246, 250, 268, 277, 285, 292, 299, 321, 325, 333, 343, 344, 346

sex differences 19, 20, 21, 22, 27, 37, 54, 64, 65, 94, 114, 125, 142, 148, 157, 185, 195, 198, 201, 202, 203, 209, 249, 253, 265, 272, 274, 278, 283, 289, 295, 300, 310, 314, 319, 326, 334, 336, 339, 342

sexual abuse 195

self-destructive behaviour (also see behaviour) 6, 15, 31, 76, 96, 101, 116, 128, 130, 131, 138, 139, 158, 159, 190, 191, 232, 261, 262, 292, 300, 305, 311, 307, 327

self-esteem 56, 90, 154, 175

Sioux 181, 186

social development 63, 66

sociocultural factors 15, 16, 19, 20, 21, 29, 38, 54, 63, 70, 75, 76, 77, 85, 86, 87, 90, 91, 106, 113, 128, 131, 132, 158, 159, 161, 166, 171, 174, 175, 177, 179, 182, 190, 191, 192, 196, 202, 203, 239, 241, 245, 253, 258, 271, 283, 284, 296, 310, 323, 329, 330, 335, 344

socioeconomic factors 8, 11, 21, 29, 62, 72, 86, 114, 209, 306, 317, 318, 319, 331, 343, 344, 345

Spain 4, 40, 243

staffing 119, 144, 220, 222, 260

statistics 1, 4, 8, 11, 13, 16, 22, 27, 38, 54, 62, 64, 67, 68, 71, 72, 77, 86, 118, 119, 120, 122, 128, 141, 148, 149, 157, 173, 174, 180, 179, 185, 195, 196, 198, 199, 202, 205, 209, 215, 221, 226, 235, 241, 249, 251, 261, 264, 265, 291, 293, 310, 312, 319, 322, 324, 326, 332, 337

stress 18, 20, 24, 28, 42, 62, 111, 127, 179, 190, 197, 214, 304, 315, 326, 340, 344

students 2, 28, 50, 61, 78, 82, 103, 109, 110, 200, 238, 241, 242, 246, 277, 292, 315, 325, 326, 333, 346

substance abuse 19, 58, 86, 159, 273, 283, 300

suicidal intent 10, 11, 74, 80, 154, 215, 250, 257, 259, 261, 341

suicide classification 11, 129, 210, 275, 283, 324

suicide ideation 12, 22, 28, 39, 79, 163, 193, 195, 250, 292, 315, 333

suicide method 54, 108, 126, 158, 180, 184, 185, 189, 199, 202, 203, 209, 211, 257, 264, 283, 285, 290, 295, 310, 313, 314, 323, 331, 338, 342

suicide prevention centres 20, 26, 33, 40, 71, 119, 137, 156, 162, 163, 167, 187, 207, 216, 220, 222, 227, 232, 241, 247, 275, 282

suicide rate 1, 8, 12, 20, 22, 27, 38, 58, 59, 76, 85, 89, 90, 91, 106, 114, 125, 126, 136, 137, 138, 141, 142, 147, 148, 149, 157, 162, 164, 167, 177, 180, 184, 191, 199, 201, 204, 205, 207, 209, 213, 215, 226, 235, 239, 249, 253, 258, 264, 265, 272, 274, 278, 285, 289, 291, 293, 295, 297, 306, 309, 312, 317, 318, 319, 327, 328, 335, 336, 343, 344, 345

survivors 34, 151, 198, 236, 289, 332, 346

Switzerland 108, 341

teachers 30, 36, 46, 53, 66, 67, 110, 120, 139, 153, 172, 230, 241, 242, 270, 277, 299, 325, 333, 346

teenage suicide (see adolescent suicide)

theoretical research 29, 41, 61, 64, 79, 97, 132, 216, 332

therapy 12, 36, 42, 56, 92, 111, 133, 154, 165, 214, 220, 259, 269

traditional values 6, 16, 69, 70, 76, 85, 86, 130, 131, 132, 133, 171, 175, 179, 217, 258, 274, 306, 331, 342

training 25, 26, 30, 40, 44, 109, 120, 121, 140, 144, 152, 160, 200, 212, 222, 224, 228, 230, 238, 241, 242, 255, 301, 321, 332

treatment 10, 11, 12, 19, 24, 31, 43, 55, 56, 60, 64, 65, 97, 101, 107, 108, 111, 123, 124, 129, 133, 154, 156, 165, 181, 187, 189, 216, 248, 279, 280, 283, 289, 308, 318, 324, 332

tribal differences 15, 16, 191, 205, 253, 283, 284, 310, 323

U

United States 5, 6, 15, 16, 17, 18, 19, 20, 21, 32, 33, 52, 54, 68, 69, 70, 74, 75, 76, 84, 85, 93, 94, 96, 99, 100, 104, 105, 111, 113, 120, 122, 126, 135, 136, 138, 139, 141, 152, 155, 156, 158, 159, 161, 164, 165, 167, 171, 173, 174, 175, 177, 178, 179, 180, 181, 182, 186, 190, 191, 192, 194, 198, 205, 207, 208, 209, 211, 212, 213, 217, 218, 235, 242, 244, 248, 251, 253, 255, 258, 259, 263, 264, 271, 273, 274, 278, 282, 284, 285, 296, 288, 289, 290, 291,

299, 311, 317, 320, 322, 323, 332, 333, 335, 336, 337, 338, 342, 345

United States, Southwestern — 177, 178, 211, 288

university — 78, 169, 218, 315

V

violence — 19, 47, 58, 62, 75, 87, 91, 125, 138, 147, 150, 158, 164, 165, 175, 192, 274, 290, 293, 314, 328, 336

W

Wacinko syndrome — 181

warning signs — 2, 3, 7, 13, 18, 20, 35, 46, 53, 64, 65, 67, 80, 81, 89, 95, 110, 115, 116, 117, 119, 146, 152, 153, 156, 163, 168, 194, 212, 214, 216, 225, 233, 241, 268, 277, 279, 280, 289, 303, 333

welfare — 9, 21, 345

Wisconsin — 242

workshops — 26, 64, 76, 86, 120, 186, 212, 227, 228, 302, 309, 332

Y

young adults — 28, 78, 109, 156, 199

youth suicide
(see adolescent suicide)

Yukon — 142

SECTION 3

COMMON QUESTIONS AND RELIABLE ANSWERS ABOUT SUICIDE

COMMON QUESTIONS AND RELIABLE ANSWERS ABOUT SUICIDE

3.1 Myths

1. ***Do people who commit suicide almost always leave a note?***

No, in fact, very few people who commit suicide leave a note. Some estimates suggest that one in every 10 people who commit suicide (10%) leave a note while other estimates suggest that the number is 15%. The misconception about suicide notes stems perhaps from novels, TV and films and it may cause people, even those in authority to mistake a suicide death for an accidental one.

Annotated Bibliography # 35, 67, 111, 117, 153, 156, 200, 209, 241, 332

2. ***If someone talks about death and suicide, isn't it best to ignore it?***

No, ignoring the topic may be more harmful than talking about it since that may prevent the suicidal person from expressing suicidal thoughts and seeking help. Talking about suicide and asking a person about suicide plans does not increase the risk of suicide. If the topic is discussed in a frank and open way, it is easier to determine the extent of a suicidal person's intent and to put problems more into focus.

Annotated Bibliography # 13, 35, 53, 65, 111, 117, 153, 156, 163, 168, 200, 209, 212, 216, 241, 332, 333

3. ***If you talk about suicide won't it "put the idea into the person's head?"***

No, talking about suicide and suicide plans does not give a person the idea of suicide. If a person is talking about suicide or showing the warning signs of suicide, the idea is already there and talking about it in a frank and outright way will merely bring it into the open. Openly talking about suicide may do more to prevent it.

Annotated Bibliography # 13, 35, 53, 65, 67, 111, 117, 153, 156, 163, 168, 200, 209, 212, 216, 241, 332, 333

4. ***If a person has made up his/her mind to commit suicide, isn't it impossible to stop it?***

If a person has made up his/her mind to commit suicide, isn't it impossible to stop it?
Suicide can be prevented. Even the most suicidal person has ambivalent or mixed feelings about dying. Since almost no person commits suicide without letting others know how he/she is feeling, it seems that the suicidal person is "gambling" with life and death by allowing others to make the decision for him/her. No person is suicidal all the time and he/she will try to cope with life most of the time although periods, during which death wishes are overpowering, may recur.

Annotated Bibliography # 26, 35, 67, 97, 99, 100, 111, 117, 124, 153, 156, 163, 168, 200, 209, 225, 227, 241, 324, 332

5. ***Doesn't suicide run in families?***

No, research has uncovered no genetic or strong biological link to suicide. Every suicide is unique and no one race, ethnic group, religion, economic group or family is immune to it. Family conditions may contribute to a persons suicidal feelings and the suicidal death of a family member (particularly one who served as a positive role model) may cause another family member to see suicide as a solution. However, people and families cannot be "type cast" as suicidal since the causes of suicide are far too complex and individual to be easily summed up as a family trait.

Annotated Bibliography # 35, 67, 111, 117, 153, 156, 200, 209, 216, 241, 277, 332

6. ***Aren't suicidal people "crazy", psychotic, insane or severely mentally ill?***

No, most suicidal people cannot be described as either "crazy", psychotic, insane or severely mentally ill. Research, including studies of suicide notes have shown that suicidal people are deeply distressed, extremely unhappy and have strong feelings of helplessness, haplessness, and hopelessness that cause life to seem not worth continuing. The forces that act upon suicidal people are too complex to be easily classed by a convenient label.

Annotated Bibliography # 35, 67, 111, 117, 153, 156, 200, 209, 226, 241, 306, 310, 332

7. ***If an attempted suicide doesn't succeed, isn't it likely that the person has "learned his lesson" and won't try again?***

No, research has shown that many people who completed suicide had attempted it previously. It also indicates that most suicides occur within three months after the signs of recovery from an attempted suicide or suicide crisis are first noted. Though the person may appear to have recovered, he/she may only be emotionally exhausted by the experience and with time may gather enough energy to bring back the suicidal thoughts and possibly attempt suicide. Treatment should not be stopped too soon after an attempted suicide.

Annotated Bibliography # 10, 11, 13, 19, 21, 35, 39, 53, 67, 76, 111, 117, 153, 156, 163, 200, 209, 210, 212, 216, 241, 273, 332, 333

8. ***When a person starts feeling better after a suicidal crisis, isn't the improvement a sign that the risk of suicide is over?***

No, research shows that most suicides occur within three months after the signs of recovery appear. The suicidal crisis may have emotionally exhausted the person, however, when he/she has once again gathered sufficient energy, suicidal thoughts may recur. Continuing treatment during this time is important.

Annotated Bibliography # 13, 20, 35, 53, 67, 95, 111, 117, 153, 156, 163, 200, 209, 212, 216, 233, 241, 289, 332, 333

9. ***If a person talks a lot about suicide, isn't he unlikely to try it?***

No, on the contrary, this occurrence is one of the warning signs of suicide and should not be ignored. A person who talks about suicide may be making a cry for help; since research shows

that approximately 60% of people who committed suicide had mentioned their intention to someone beforehand. The cry for help is not always a direct mention of suicide; it may be subtle comments such as wishing to be dead, feelings of being a burden to friends and family or that things would be better without them.

Annotated Bibliography # 10, 11, 13, 20, 35, 53, 67, 95, 111, 117, 153, 156, 163, 189, 200, 209, 212, 216, 233, 241, 257, 259, 289, 332, 341

10. ***Doesn't suicide happen on impulse and without warning?***

No, attempts at suicide are usually preceded by obvious and well described warning signs which are often realized too late. Many suicidal persons directly state their intention to another person or make thinly veiled comments about being "better off dead", etc. Other signs may include drastic changes in moods, ambition, interests, and lifestyle, in general. Although adolescent suicide may appear extremely impulsive, the adolescent has probably thought much about suicide. Adolescent suicide may happen quickly and appear to be triggered by trivial events; however, the events are not trivial to the adolescent and the warning signs are usually present.

Annotated Bibliography # 3, 13, 18, 20, 35, 46, 53, 64, 65, 67, 89, 95, 110, 111, 116, 117, 119, 146, 153, 156, 163, 168, 169, 200, 212, 214, 216, 225, 233, 241, 279, 280, 281, 289, 303, 332, 333

11. ***Aren't there only certain types of people who commit suicide?***

No, suicide occurs to all types of people regardless of race, ethnic group, religion, economic status, education, etc. Suicide is not confined to people who are mentally ill, insane or psychotic. The common factor for most suicides appear to be a person's deep sense of helplessness, haplessness, and hopelessness to the extent that self-destruction seems to be the only way out. Suicide rates may be higher for certain groups of people due to factors of age, sex, sociocultural background, substance abuse etc.; however, any person at some point during his/her lifetime will be a member of one or more of the high-risk groups.

Annotated Bibliography # 10, 11, 12, 13, 19, 20, 21, 35, 39, 42, 49, 53, 55, 60, 76, 77, 79, 93, 95, 97, 104, 106, 111, 113, 117, 124, 150, 153, 156, 163, 173, 191, 200, 209, 210, 211, 212, 216, 219, 221, 226, 232, 233, 241, 252, 256, 261, 272, 273, 276, 278, 289, 309, 324, 327, 332, 333, 338

12. ***Do people have the right to stop a person from committing suicide if that person wants to commit suicide?***

There are many philosophical and legal arguments for both sides of this question and no one answer will suit everyone. The important thing to remember is that research shows that suicidal people have ambivalent or mixed feelings about death and have often left it to their family or friends to decide between life or death for them. If the family or friends ignore the warning signs and make no effort to stop the suicide — regardless of the "right" — then the choice is death. There are many reported cases of people who have attempted suicide and regretted the act once initiated. Often the suicide attempter is thankful to the rescuer after the suicide crisis has passed.

Annotated Bibliography # 13, 19, 31, 35, 58, 73, 99, 100, 102, 111, 117, 124, 134, 146, 156, 163, 168, 200, 209, 210, 223, 226, 241, 275, 287, 294, 296, 307, 328, 329, 332

13. ***Don't suicidal people just want to die?***

No, suicidal people usually have mixed feelings about death but are unable to overcome their deep feelings of helplessness, haplessness, and hopelessness by themselves. They are torn between living or dying and hope someone else will choose for them. They usually express their intentions to another person either directly or indirectly through statements such as "I'd be better off dead", "I've had it" "No one will have to worry about me much longer", etc. Other warning signs include changes in mood, ambition, interests and lifestyle in general. If the warning signs are not taken seriously, then the suicidal person may feel the choice of death has been made for him.

Annotated Bibliography # 11, 13, 35, 67, 89, 111, 117, 146, 153, 156, 169, 200, 209, 212, 226, 241, 261, 277, 279, 280, 281, 303, 310, 324, 327, 332

14. ***Aren't rich people more likely to commit suicide?***

No, suicide occurs equally among both rich and poor people. The cause of suicide are far more complex then is suggested by the notion of a "rich kid" who is bored with life or a financially troubled businessman.

Annotated Bibliography # 11, 13, 35, 67, 111, 117, 153, 156, 200, 212, 226, 241, 309, 310, 324, 327, 332

15. ***Aren't poor people more likely to commit suicide?***

No, suicide occurs equally among both rich and poor people. Statistics have not shown socioeconomic status to be a strong risk factor in suicide. The causes of suicide are complex and the notion of the destitute person committing suicide because of severe poverty is false.

Annotated Bibliography # 11, 13, 35, 67, 111, 117, 153, 156, 200, 212, 226, 241, 309, 310, 324, 327, 332

16. ***Aren't people who attempt suicide just attention getters?***

No, people who attempt suicide are deeply troubled with a strong sense of helplessness, haplessness, and hopelessness. The attempt has been made as the final stage in a cry for help after warning signs have gone unnoticed. Any attempted suicide, regardless of how feeble or contrived it may appear, has the potential of being deadly.

Annotated Bibliography # 11, 13, 19, 35, 58, 65, 67, 99, 100, 103, 111, 117, 144, 153, 156, 163, 168, 200, 209, 210, 212, 216, 223, 227, 241, 275, 328, 329, 332

17. ***If you try to prevent a person from committing suicide couldn't you just make matters worse?***

No, the consequences of not trying to help are deadly and final. The suicidal person is giving a cry for help and has left the choice of living or dying to another person. No warning signs of suicide should be ignored as it is better to error on the side of caution then not to act. When a person notices any of the warning signs, he/she should trust his/her judgement, inform others, if possible (particularly family, friends and accessible professional help), stay with the suicidal person, listen intelligently, be supportive and urge professional help. Under no circumstances should someone try to shock the suicidal person by daring him/her to commit suicide (as seen on TV or in films).

Annotated Bibliography # 5, 11, 35, 46, 50, 67, 97, 111, 113, 117, 140, 145, 146, 153, 156, 163, 200, 209, 212, 216, 232, 241, 269, 324, 325, 332

18. ***Do children ever commit suicide?***

Yes, suicidal behaviour has been seen in children between the ages of 5-14. Often the self-destructive behaviour is noted when children have lost a loved one and cannot ask for or get adequate emotional support. Though the reports of suicide in very young children are rare, self-destructive acts such as stabbing, cutting, scalding, overdosing and jumping from high places are commonly reported each year.

Annotated Bibliography # 9, 17, 19, 35, 67, 87, 105, 111, 117, 153, 156, 189, 200, 216, 233, 241, 250, 270, 314, 332, 341

19. ***Won't daring a suicidal person to commit suicide shock him/her "back into reality" and stop the act?***

No, the result of this technique is likely to be the opposite since it may provoke the suicide; unfortunately, this dangerous technique is often seen on TV or in movies. The suicidal person is giving a cry for help and is often asking for another person to help make the choice between living or dying. The best thing someone can do for a suicidal person in time of crisis is to listen intelligently and be supportive.

Annotated Bibliography # 5, 11, 35, 46, 50, 67, 97, 111, 113, 117, 140, 145, 146, 153, 156, 163, 168, 187, 200, 212, 216, 232, 241, 269, 324, 325, 332

20. ***Don't suicides usually happen at night?***

No, research has shown that more suicides happen between 3:00 p.m. and 6:00 p.m. than at night. It is interesting to note that during these late afternoon hours, a suicide attempt is more likely to be seen or stopped then at night when other people are likely to be asleep.

Annotated Bibliography # 1, 4, 11, 13, 35, 67, 77, 86, 111, 117, 153, 156, 173, 179, 200, 209, 220, 226, 241, 310, 324, 332

21. ***Isn't there something romantic about a suicide committed because of love?***

There is nothing romantic about suicide, particularly the suicide of a young person, no matter what the apparent cause. Suicide means death and the grim realities of a suicide include the suffering endured by parents, family and friends as well as the tragedy of an unfulfilled life.

Annotated Bibliography # 26, 34, 35, 46, 67, 69, 111, 117, 143, 151, 153, 156, 182, 200, 209, 220, 241, 245, 269, 301, 302, 321, 332

22. ***Isn't there something honorable and courageous about certain suicides?***

Whatever honour or courage that people may see in a particular suicide fails to take into account the sorrow caused to family and friends and the tragedy of an often unfulfilled life. It fails to take into account the feelings of helplessness, haplessness, and hopelessness that may have been resolved in a non-lethal way, had the cry for help been heeded. When suicide is viewed as religious or national duty there are factors which may lessen the person's control over his/her decision.

Annotated Bibliography # 35, 65, 67, 70, 111, 117, 124, 151, 153, 156, 175, 200, 216, 241, 243, 245, 253, 306, 332

23. ***Don't most suicides usually happen during cold, dreary, cloudy type weather?***

No, in fact many suicides tend to occur during periods of good weather. It is suggested that these periods of good weather may cause the suicidal person to reflect more strongly on his/her inner gloom. The effects of weather on suicide have been studied but no firm conclusion has been drawn.

Annotated Bibliography # 9, 20, 35, 39, 47, 54, 59, 111, 150, 153, 173, 174, 182, 200, 209, 234, 239, 245, 311, 331, 332, 343

24. ***Don't most suicides usually happen at certain times of the year, for example, Christmas time or mid-winter?***

No, suicides are too individual and the causes of suicide too complex to be strongly effected by the time of year. Researchers have not yet been able to conclude that any one time of year has a consistently higher suicide rate than another. Some studies seem to show high suicide rates in the spring months when popular myths about suicide would suggest that the feeling of rebirth and joy should cause a drop in the rate. Perhaps the suicidal person's feelings of inner gloom are only heightened at this time.

Annotated Bibliography # 9, 20, 35, 39, 47, 54, 59, 111, 150, 153, 173, 174, 182, 200, 209, 239, 311, 331, 332, 343

3.2 Warning Signs

1. *What are the warning signs of suicide?*

Suicide is extremely difficult to predict and there is no accurate way to predict whether a person is suicidal or not. Researchers believe that most suicidal people do communicate their intentions to family, friends or other people near to them who are in the best position to recognize the warning signs and give help. Danger signals or warning signs of suicide that are of immediate concern, especially when several of them occur together are:

(a) **Previous attempted suicide(s)** — People who have made previous attempts at suicide are at high risk. Up to 50% of those who committed suicide had made previous attempts.

(b) **Suicide talk** — Often the suicidal person makes either direct or indirect references to suicide by making such statements as "I'd be better off dead", "I've had it", "They'll be sorry when I'm gone", 'I'm just a burden", "They'd be better off without me", etc. Some people talk about mysterious "long trips".

(c) **Personality or behavioral changes** — A person's mood may change drastically for no apparent reason. He/she stops participating in activities that he/she normally did such as sports, other leisure activities, religious activities, hobbies, etc. The person may also express feelings of hopelessness, and worthlessness. All of these traits may also indicate clinical depression which often precedes suicide.

(d) **Depression** — Not all depressed people are suicidal but most suicidal people are depressed. Signs of depression include change in appetite or weight, change in sleeping patterns, change in pace of speaking or moving, loss of interest in activities, decreased sexual drive, fatigue, feelings of worthlessness, self-reproach or guilt, lack of concentration, indecisiveness and thoughts or wishes of death or suicide.

(e) **Preparations for death** — Making a will, putting affairs in order, giving away personal possessions, acquiring a gun, rope or pills as a means of suicide and acting as if preparing for a trip.

(f) **Alcohol, drug and/or substance abuse** — People who abuse alcohol or other substances have been repeatedly shown in studies to be at a higher risk of suicide than those who don't.

(g) **Loosening of social ties** — A suicidal person may become withdrawn, uncommunicative and seek to be alone.

(h) **Recent loss or anniversary of the loss of a loved one** — A suicidal person may appear to mourn a death much longer than most. Suicidal people often attempt suicide around the anniversary of the death of a loved one.

(i) **Polarized thinking** — Suicidal people may become rigid in their thinking and tend to view everything as either "black or white", "life or death", or "yes and no". The

person's thinking process may often seem bizarre or muddled with unreasonable generalizations.

(j) **Evidence of stress** — A change in a person's life such as a recent death, change of job, unemployment, retirement, illness, move, etc. may produce a stress that promotes suicidal behaviour.

(k) **Sudden recovery or rebound** from either depression or suicide warning signs - This behaviour may indicate that the plans for suicide have been finalized and the person is more relaxed since the decision has been made. This may be the last warning sign of suicide before the act is committed.

Annotated Bibliography # 2, 3, 7, 11, 13, 18, 20, 24, 35, 46, 53, 64, 65, 67, 80, 81, 89, 95, 110, 116, 117, 119, 146, 153, 156, 163, 168, 212, 214, 216, 225, 233, 237, 241, 261, 277, 279, 280, 281, 289, 303, 309, 310, 324, 327, 333, 340

2. ***How does somebody know for sure that certain behaviour are signs of suicide?***

There is no way to definitely predict a suicide. A suicidal person usually tries to communicate his/her intent to someone close to him/her and this person usually knows him/her well enough to see the warning signs as being different from the normal "ups and downs of life". The warning signs usually occur in a cluster such that more than one is present (though not necessarily all) at any one time. It is a great tragedy when the warning signs are only seen after the suicide has taken place. Most researchers involved in suicide prevention suggest that it is better to error on the side of caution and risk overreaction than to do nothing about apparent warning signs.

Annotated Bibliography # 11, 13, 18, 20, 35, 46, 53, 64, 65, 67, 89, 95, 110, 116, 117, 119, 146, 153, 156, 163, 168, 212, 214, 216, 225, 233, 241, 277, 279, 280, 281, 289, 303, 309, 310, 324, 327, 333

3. ***When should a person do something about someone who shows the warning signs of suicide?***

Immediately, waiting until the "time is right" can be fatal, particularly in the case of an adolescent as he/she is likely to carry out the decision very quickly (even though the cause may seem trivial to an adult).

Annotated Bibliography # 11, 13, 18, 20, 35, 46, 53, 64, 65, 67, 89, 95, 110, 116, 117, 119, 146, 153, 156, 163, 168, 212, 214, 216, 225, 233, 241, 277, 279, 280, 281, 289, 303, 309, 310, 324, 327, 333

3.3 Statistics

1. *What is meant by the term suicide rate?*

The suicide rate estimates the number of people who commit suicide for every 100,000 people. It is usually calculated for a one year period. For example, in Canada, it was estimated that 3,271 people committed suicide in 1985 and the population of Canada was 25,359,800 in that year. The suicide rate is calculated by multiplying the number of suicides (3,271) by 100,000 and dividing the result by the population (25,359,800) as follows:

$$\text{Suicide rate} = \frac{3,271 \times 100,000}{25,359,800} = 12.9$$

In other words, 12.9 people commit suicide out of every 100,000 Canadians living in the country in 1985. Suicide rates are used to compare the incidence of suicide among groups with different population sizes. Caution should be used for very small population samples since the suicide rate may greatly fluctuate from year to year. In this case, the average suicide rate over a period of several years may give more appropriate results.

Annotated Bibliography # 1, 27, 141, 148, 149, 180, 199, 205, 209, 226, 235, 249, 265, 291, 293

2. *What is the world wide suicide rate?*

Based on figures from the World Health Organization, approximately 1000 people, world wide, commit suicide each day, making an annual total of 365,000 suicides. The resulting world wide suicide rate is approximately 12.2 suicides each year for every 100,000 people. Some sources suggest that as many as 100 times this number attempt suicide each year, giving a rate of approximately 1217 attempted suicides for every 100,000 people (i.e. 3,650,000 attempted suicides).

Annotated Bibliography #4, 71, 72, 173, 174, 201, 226, 241, 272, 344

3. *What is the Canadian suicide rate?*

Figures based on the findings of the National Task Force on Suicide in Canada show that the suicide rate has increased from 7.9 suicides for every 100,000 people in 1960 to approximately 12.9 suicides for every 100,000 people in 1985. This rate is slightly higher than that of the United States and is middle ranked when compared to other nations of the world. In 1985, approximately 3,270 Canadians committed suicide. Data from various sources indicate that completed suicides amount to between 1-5% of attempted suicides, making an annual attempted suicide rate in Canada of between 258-1290 suicide attempts for every 100,000 people. In other words, between 65,428 - 327,131 people attempt suicide in Canada each year.

Annotated Bibliography # 22, 125, 184, 226, 265, 297, 309

4. *What part of Canada has the highest suicide rate?*

With the exception of Quebec, the extreme northern and western parts of Canada have the highest suicide rate. The Yukon Territory had a total annual rate of 35.1 suicides for every

100,000 people in 1985, followed by the Northwest Territories with a rate of 25.5. British Columbia has a suicide rate of 16.0 making it the second highest province after Quebec, which has a suicide rate of 17.1. All other provinces have rates near or below the Canadian rate of 12.9.

Annotated Bibliography # 125, 184, 226, 265, 297, 309

5. ***What part of Canada has the lowest suicide rate?***

Prince Edward Island with an annual suicide rate of 3.9 suicides for every 100,000 people in 1985 and Newfoundland with one of 4.0 have by far the lowest suicide rate in Canada. Of the other provinces, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan and Alberta all have suicide rates slightly under or approximately equal to the Canadian rate of 12.9.

Annotated Bibliography # 22, 125, 184, 226, 265, 297, 309

6. ***Has the suicide rate in Canada increased over the years?***

Yes, statistics, compiled by the National Task Force on Suicide in Canada the suicide rate has increased from 7.6 suicides for every 100,000 people in 1960 to 12.9 in 1985.

Annotated Bibliography # 125, 184, 226, 265, 297, 309

7. ***Which sex is more likely to commit suicide in Canada?***

Males are much more likely to commit suicide than females in Canada. In 1985, the rate of male suicide was 20.5 suicides for every 100,000 males while the female suicide rate was 5.4 suicides for every 100,000 females in Canada. Thus, for every 1 female suicide there were approximately 4 male suicides, or in other words, 4 out of every 5 suicides were male. This ratio has stayed approximately the same since 1960 when the male rate of suicide was 12.0 and the female rate was 3.0. Statistics show a slightly larger percentage increase in suicides for females (80% increase) than males (71% increase); a fact that is noted in much suicide literature. As for attempted suicides, females are much more likely to attempt suicide than males since 3 out of every 4 attempted suicides are female.

Annotated Bibliography # 1, 27, 59, 91, 125, 142, 147, 148, 149, 162, 184, 185, 195, 226, 249, 265, 293, 295, 297, 306, 309, 310, 314, 327, 328

8. ***Have any age groups in Canada shown a greater-than-average increase in the rate of suicide?***

Yes, the largest increase in suicide has been among those between the ages of 10 - 24 years, particularly among males in this age group. This phenomenon indicates an increasing incidence of adolescent suicide which is confirmed by the increase of the rate of suicide from 3.3 suicides for every 100,000 in 1960 to 11.2 suicides for every 100,000 adolescents between the ages of 15 - 19 years in 1985. This represents a 240% increase in adolescent suicides over 25 years; approximately 10% per year.

Annotated Bibliography # 1, 86, 215, 226, 314, 315, 319, 327

9. ***What is the suicide rate among Native people (Indian and Inuit) of Canada?***

The Native suicide rate in Canada is difficult to pinpoint; however, information from the National Task Force on Suicide in Canada and other sources indicate that the suicide rate is between 2 - 3 times the national rate in recent years. Based on this information, the rate is between 32-45 suicides for every 100,000 Native people in 1985. About 60% of the Native suicides were committed by people between the ages of 15 - 24 years and 75% of all Native suicides were committed by males. Assuming that completed suicides represent between 1-5% of suicide attempts, between 2,000 and 14,000 Native people may have attempted suicide in 1985.

Annotated Bibliography # 1, 59, 91, 125, 142, 147, 148, 149, 162, 226, 265, 293, 295, 297, 306, 309, 312, 328

10. ***What is the annual suicide rate of the United States?***

In 1985, the suicide rate of the United States is cited as 12.3 suicides for every 100,000 people, making a total of 29,453 suicides committed in that year. The Rocky Mountain, Pacific and Florida areas tend to have higher-than-average suicide rates while many southern and eastern areas have lower-than-average rates.

Annotated Bibliography # 20, 76, 138, 141, 164, 167, 177, 180, 205, 207, 209, 213, 235, 253, 258, 264, 274, 278, 285, 289, 291, 317, 318, 335, 336

11. ***How do the suicide rates for Native peoples of Canada compare with those for the United States?***

Studies of the suicide rate for Native peoples of the United States show that the rate for this group is higher then the national rate and that it is approximately equal to the Canadian one. Thus, the suicide rate for Native peoples in the United States may be between 32-45 suicides for every 100,000 people. Studies have shown that the suicide rate may vary from one tribal group to another with some groups having substantially higher rates.

Annotated Bibliography # 1, 8, 15, 16, 126, 141, 180, 199, 205, 209, 226, 235, 265, 293

3.4 Risk

1. *What groups are at high risk of suicide?*

A number of specific groups are known to be at high risk of suicide. These groups are so varied that any person may belong to one or more of them at some point in his/her life. People at high risk of suicide include: 1) those suffering from certain mental disorders such as depression, neurosis, schizophrenia, personality disorder and transient situational disorder; 2) alcoholics, drug and substance abusers; 3) young people between the ages of 15-24 years; 4) the elderly, particularly those over 70; 5) Native peoples and other minority groups; 6) persons in custody and; 7) the bereaved, especially those bereaved over a suicide. Males in any of these groups are much more likely to commit suicide than females.

Annotated Bibliography # 14, 37, 38, 74, 111, 117, 123, 131, 136, 149, 194, 213, 229, 240, 252, 266, 327, 345

2. *Why are Native people at high risk of suicide?*

There is no complete answer to this question since suicide is very individual and the causes of suicide are not fully known. The high risk appears to stem from a number of factors: (1) Societal factors such as deterioration of traditional, cultural and religious values and the devaluation of spiritual leadership; (2) inadequate education as seen by the high drop-out rate and high level of functional illiteracy; (3) economic disadvantage indicated by 70 per cent unemployment and 90 per cent of people living below the poverty line; (4) low self-esteem often resulting from pressures and failure to assimilate; (5) internalization of emotional stress; (6) alcoholism, which often contributes to physical, mental, family and social problems; (7) depression (8) social isolation and disorganization such that people tend not to have meaningful relationships with peers or family ; (9) high proportion of single, divorced, separated or widowed persons and; (10) high rate of physical illness.

Annotated Bibliography # 15, 16, 19, 20, 21, 66, 76, 77, 93, 113, 150, 166, 176, 183, 209, 211, 226, 241, 309, 310, 312, 327, 331

3. *What are the risk factors of suicide?*

There are a variety of social, physical and mental factors that may affect the risk of suicide, including:

(a) **Age** — suicide occurs most often among the young between the ages of 15-24 years and in the over 40 age group

(b) **Availability of method** — easy availability of lethal ethods of suicide such as firearms increase the likelihood that these methods will be used.

(c) **Domestic difficulties** — family problems or crises, divorce, separation, and broken homes, may all increase suicide risk to both children and parents.

(d) **Education** — the suicide rate is less among educated people; however, it is high among high school and university students.

(e) **Employment** — those who are unemployed, retired, unable to work, or have work-related problems, are at increased risk of suicide.

(f) **Financial problems** — financial stress through bankruptcy or sudden loss of income may increase suicide risk.

(g) **Imprisonment** — inmates in jail or prison have a high suicide rate.

(h) **Marital status** — suicide rates are higher among single, divorced, separated, or widowed persons.

(i) **Occupation** - professionals such as doctors and lawyers are three times more likely to commit suicide than blue collar workers.

(j) **Religion** — suicide is more likely to occur among people of Protestant faiths than among those of the Roman Catholic or Jewish faith.

(k) **Sex** — males are approximately three times more likely to commit suicide than females.

(l) **Social conditions** — suicide occurs in all social groups; however, it is more likely to occur to those who do not have a strong social support network such as transients, criminals, socially isolated people, minority groups and those caught between two cultures.

(m) **Physical conditions** — hormonal imbalances during a woman's menstrual cycle or after pregnancy and chemical imbalances in a person's body have been linked to suicide.

(n) **Physical illness** — many of those who commit suicide have or feel they have a physical illness. Chronic illness, especially due to old age and painful illness are also linked with suicide.

(o) **Alcohol, drug and substance abuse** — those who abuse alcohol, drugs and other substances have a high suicide rate which may result from the direct effect of these substances or from the indirect effect on health, family, social well being and employment.

(p) **Attempted or threatened suicide** — many of those who complete suicide have attempted it before, often within three months of the successful suicide.

(q) **Bereavement** — those suffering grief from a recent loss of another, particularly if the loss was due to suicide, are at increased risk of suicide.

(r) **Family history** — suicides appear to run in families, often because the conditions precipitating the first suicide have not changed.

(s) **Mental health** — increased rates of suicide are noted among people who are depressed, schizophrenic or suffering from personality disorders and other forms of mental illness.

(t) **Seasons** — slightly more suicides tend to occur during spring and early summer when the improvement in weather may heighten a person's inner gloom.

Annotated Bibliography # 10, 11, 12, 19, 20, 21, 37, 39, 49, 55, 60, 76, 77, 79, 83, 95, 104, 106, 107, 113, 124, 150, 156, 163, 173, 209, 211, 212, 216, 219, 221, 226, 241, 252, 273, 276, 278, 289, 309, 310, 327, 331, 338

3.5 Characteristics

1. *What is suicide?*

Suicide is literally the action of taking one's own life or in other words the action of self-destruction; it is *not* a disease, a physical or mental illness, a sin, a glamourous end to life, a heroic act, a degradation nor any other definition that is popularly given to it.

Annotated Bibliography # 11, 72, 156, 171, 216, 241, 267, 273

2. *What is parasuicide?*

In general terms, parasuicide refers to attempted suicide; however, it more specifically refers to an act that simulates the act of suicide but has a low likelihood of resulting in death.

Annotated Bibliography # 11, 210, 216, 241, 260, 265, 273, 332, 337

3. *How are suicides similar?*

Suicide is an individual action; however, researchers have noted certain similarities among people who commit suicide. Suicidal persons are seeking a solution: by ending their consciousness they hope to relieve intolerable mental pain and frustration. Having strong feelings of helplessness, haplessness, and hopelessness, they do not care to either live or die. They have a very narrow view of life, seeing everything as either black or white, yes or no, or life or death. Often they have tended to think in such a way whenever trying to cope with problems in the past. Though seeking to escape life's troubles, they will usually try to make their intention known to somebody nearby.

Annotated Bibliography # 11, 52, 111, 146, 156, 210, 212, 279, 280, 281, 324, 332

4. *Who commits suicide?*

Anyone may commit suicide, regardless of age, sex, religion, race, nationality, social background, employment, marital status, etc. It can be the person next door, the boy down the street, a doctor, a son or daughter, a parent, or you. Research has not yet found a cause for suicide and is continually discovering new factors which contribute to suicidal behaviour. Though many risk factors of suicide are known, nobody knows why some people commit or attempt suicide while others in similar circumstances do not. There are some similarities among people who commit suicide, particularly their deep sense of helplessness, haplessness, and hopelessness; however, suicide remains an individual act determined by the individual's circumstances.

Annotated Bibliography # 11, 13, 19, 21, 39, 42, 53, 156, 163, 209, 212, 216, 241, 273

5. *How does adolescent suicide differ from adult suicide?*

Adolescent suicide is often much more impulsive then adult suicide and can happen with very little warning. Adolescents have a tendency to already view issues in black and white and

therefore react more quickly to problems. The events leading to an adolescent suicide or suicide attempt may appear trivial or insignificant to an adult, though a seemingly minor crisis such as a break-up of a romance, trouble with an exam or loss of a friend may be of critical importance to the adolescent.

Annotated Bibliography # 1, 4, 23, 52, 65, 86, 98, 111, 146, 156, 175, 212, 226, 263, 327

3.6 Prevention

1. *What is suicide prevention?*

Suicide prevention deals with measures such as programs, strategies and approaches that might reduce the likelihood and spread of suicidal behaviour. These measures include public education, reduction in the availability and lethality of means of committing suicide, continuing education and training of health care professionals and "gatekeepers" and specific programs for high risk groups.

Annotated Bibliography # 25, 29, 50, 52, 61, 64, 97, 109, 119, 130, 200, 210, 216, 226, 241, 260, 301, 302, 332, 341

2. *What measures may be taken to prevent suicide?*

A number of measures may help reduce the spread or likelihood of suicidal behaviour:

A. Public education through:
   1. mental and public health programs
   2. media cooperation to shape better public attitudes to suicide, reduce the negative feelings and avoid "copycat" or outbreaks of suicide

B. Reduction of the availability and lethality of the means of suicide through such means as gun control and better prescription drug control.

C. Training of "gatekeepers" such as clergy, custodial personnel, police and school personnel.

D. Continuing education of health care personnel such as doctors, nurses and social workers.

E. Further research into both suicide in general and suicide among high risk groups.

F. Specific programs, prevention work and follow up for high risk groups such as adolescents, the elderly, the bereaved, Native people, the mentally ill, alcoholics and other substance abusers and people in custody.

Annotated Bibliography # 19, 20, 25, 26, 30, 48, 52, 53, 61, 76, 88, 91, 99, 100, 109, 111, 119, 120, 139, 153, 160, 161, 162, 167, 193, 197, 207, 226, 227, 228, 238, 241, 242, 268, 298, 301, 302, 310, 316, 321, 325, 327, 326

3. *What is the media's responsibility in suicide prevention?*

The media such as newspapers, radio and television is a powerful tool in public education about suicide. It can inform people about suicide rates, risk factors in suicide and warning signs of potential suicide. One important service it can provide is helping to change attitudes towards suicide by discussing suicide in a clear and accurate way and neither sensationalizing the act or referring to popular myths about suicide. The media must also be aware of the contagion effect of reporting suicide in a too "glamorous" and sensational way without accurate reflection of the tragedy involved.

Annotated Bibliography # 104, 162, 251

4. ***What measures may help prevent Native suicide?***

Suicide prevention measures for Native people should include:

A. A culturally oriented approach that takes into account not only suicide, but also
   1. social and family problems
   2. mental health issues
   3. physical illness
   4. alcohol, drug and substance abuse
   5. adolescent suicide

B. Coordination and backup support for community health workers who deliver health education and social services.

Annotated Bibliography # 17, 19, 20, 23, 26, 29, 33, 63, 76, 82, 88, 91, 111, 116, 117, 160, 161, 162, 182, 214, 224, 226, 227, a 241, 288, 297, 299, 301, 302, 309, 310, 316, 320, 324, 327, 328

3.7 Intervention

1. *What is suicide intervention?*

Intervention in suicide refers to the procedures or means used to manage or help a person during a suicidal crisis and includes assessment of risk, counselling and treatment. Some sources may describe this term as crisis intervention while others use the term crisis intervention to describe measures taken during or just prior to a suicide attempt.

Annotated Bibliography # 25, 41, 50, 61, 64, 97, 119, 210, 226, 241, 301, 302, 332

2. *What facilities are available for intervention in suicide?*

Most communities have facilities that *could be* or are available to intervene during a suicide crisis:

A. Emergency ward crisis services for medical attention to any physical injuries.

B. Psychiatric in-patient services, on either a voluntary or involuntary basis, for the acutely suicidal.

C. Psychiatric out-patient services for persons with a manageable suicidal crisis.

D. Outreach programs based at a hospital including:
   1. gatekeepers or community health workers
   2. 24-hour crisis telephone service
   3. crisis team.

E. Outreach programs conducted by the community medical services:
   1. referral agreement with counselling services in the same or another community
   2. trained professionals (doctors, nurses, etc.) or gatekeepers within the community
   3. cooperative services shared by several small communities.

F. Outreach services based in the community:
   1. social service agencies trained to handle suicide intervention or with a proper referral and follow up system
   2. crisis or suicide prevention centres with counselling and follow up services available or referral to such
   3. 24-hour crisis or "hot-lines".

G. Gatekeepers such as clergy, police, school personnel, custodial personnel, etc., trained in suicide intervention.

Annotated Bibliography # 2, 19, 20, 25, 26, 36, 61, 88, 91, 99, 100, 101, 106, 111, 161, 197, 218, 220, 225, 226, 227, 228, 230, 241, 255, 262, 268, 301, 302, 310, 321, 333, 328, 346

3. ***What measures are used in suicide intervention?***

There are a number of measures that can be taken during suicide intervention depending upon what point during the suicide crisis the intervention starts:

A. **Crisis line intervention** — usually conducted by a volunteer and must be followed by professional help.

B. **Police, ambulance or crisis team** — if a suicide attempt has occurred and the person is in danger or in need of medical attention.

C. **Involuntary in-patient care (hospitalization)** — for a person who is acutely suicidal and would otherwise commit suicide and is not in a protective environment.

D. **Voluntary in-patient care (hospitalization)** — for an acutely suicidal person who recognizes the need for help within a protective environment.

E. **Out-patient professional counselling** — for a person who is suicidal but not in immediate danger. This counselling may be available at:
   1. Suicide prevention or crisis centres
   2. Psychiatric or mental health clinics
   3. Counselling centres
   4. Community social service centres

Annotated Bibliography # 26, 36, 41, 58, 60, 90, 95, 97, 99, 100, 111, 124, 152, 156, 210, 225, 226, 231, 246, 247, 276, 299, 310, 324, 329, 332

4. ***What can an untrained person do for somebody during a suicide crisis?***

When the warning signs of suicide are noticed, a person should act immediately to help the person — delay could be fatal. Though a person may be unsure of the warning signs, if he/she suspects a person of suicidal behaviour then he/she should act since it is better to err on the side of caution. The goal should be to keep the suicidal person alive until professional help can be obtained. After the warning signs are noticed, a person should:

A. Trust his/her own judgement of the situation.

B. Inform others, if possible (particularly family, friends, and available professional help).

C. Stay with the suicidal person.

D. Listen intelligently.

E. Be supportive, but neither agree nor argue with the other's decision.

F. Urge professional help and assist the person in finding it.

G. Under no circumstances try to shock the suicidal person by daring him/her to commit suicide or any other techniques popular in fiction.

Annotated Bibliography # 13, 20, 35, 64, 65, 95, 110, 117, 119, 156, 163, 168, 214, 225, 233, 303

3.8 Postvention

1. *What is postvention?*

Postvention refers to measures taken after a suicide to reduce the trauma of the survivors and determine the nature of the suicide.

Annotated Bibliography # 65, 97, 143, 210, 226, 227, 236, 301, 302, 324, 332

2. *What measures are taken in postvention?*

There are two main measures taken during postvention:

A. Reduction of trauma to survivors through the use of:
   1. follow up support
   2. counselling services

B. Psychological autopsy to determine the true nature of the suicide by gathering statistical and behavioural information about the victim.

Annotated Bibliography # 65, 97, 143, 170, 210, 226, 227, 236, 301, 302, 324, 332, 346

3. *What is a psychological autopsy?*

It is an examination of aspects of a person's life after he/she is dead. It was originally used to help the coroner determine whether a death was by suicide or by accident but now also serves as an excellent research tool to view the build up to suicide during the victim's entire life. Besides gathering statistical information about the person, it concentrates on the person's activities during the months preceding death. Of particular interest are changes in behaviour either recent or past that seem to have pointed the way towards suicide. Often the psychological autopsy can be therapeutic to the survivors, if it is carried out in a caring and understanding way.

Annotated Bibliography # 23, 241

3.9 Causes

1. *What is the cause of suicide?*

Research has not been able to pinpoint a specific cause for suicide, only possible causes. It is not known why one person chooses suicide while a similar person under similar conditions does not. The person who commits suicide has gradually lost the ability to cope with the emotions, anxieties and stresses of life and is left with feelings of helplessness, haplessness, and hopelessness. A number of social, physical and mental factors have been linked with people who commit suicide though no one suicidal person need have all or many of them:

A. SOCIAL

1. **Family**
   - a) single, divorced, separated or widowed status
   - b) single parent family/"broken home"
   - c) small or childless family

2. **Social disorganization**
   - a) undesirable social conditions
   - b) low quality and/or crowded living conditions
   - c) social isolation such as living alone or being homeless, friendless, transient and/or isolated from any social support
   - d) criminal behaviour
   - e) drug and alcohol abuse

3. **Ethnicity**
   - a) belonging to a group or coming from a country that has a high suicide rate

4. **Work**
   - a) job frustration
   - b) job stagnation
   - c) unemployment, retirement and/or inability to work

B. PHYSICAL

1. **Illness**
   - a) chronic illness, particularly due to old age
   - b) painful illness
   - c) real or imagined illness that is thought or known to be untreatable

2. **Body changes**
   - a) hormonal changes during a woman's menstrual cycle, menopause or pregnancy
   - b) effects of season particularly during spring and early summer

c) chemical imbalances in the body and/or the brain
d) possibly inherited conditions

C. **MENTAL**

1. **Mental disorders**
   a) depression
   b) poor mental health
   c) neurosis
   d) schizophrenia
   e) psychosis

2 **Stress**
   a) environmental stress
   b) accumulated and/or chronic stress

3. **Drug and alcohol abuse**
   a) dependency
   b) severe depression
   c) isolation

Annotated Bibliography # 1, 4, 11, 13, 23, 29, 52, 65, 86, 89, 90, 98, 111, 117, 129, 132, 142, 146, 156, 171, 175, 212, 226, 243, 263, 271, 277, 279, 280, 281, 305, 306, 309, 310, 313, 324, 327, 328, 332, 341, 342

2. ***Does depression cause suicide?***

People who commit or attempt suicide are often found to be depressed; however, only a small fraction of people who are depressed commit or attempt suicide. Depression alone does not necessarily cause suicidal behaviour but it may be one of many factors involved in it.

Annotated Bibliography # 11, 111, 129, 132, 175, 263, 277, 310

3. ***Does alcohol abuse cause suicide?***

Regular alcohol abuse is a well known risk factor in suicide. The continued abuse of alcohol is dangerous and may be considered a self-destructive behaviour since it will ultimately result in death. Alcohol abuse may help create or worsen other risk factors in suicide such as social isolation, chronic or painful illness, family problems, marital problems, criminal behaviour, imprisonment, employment problems, etc.

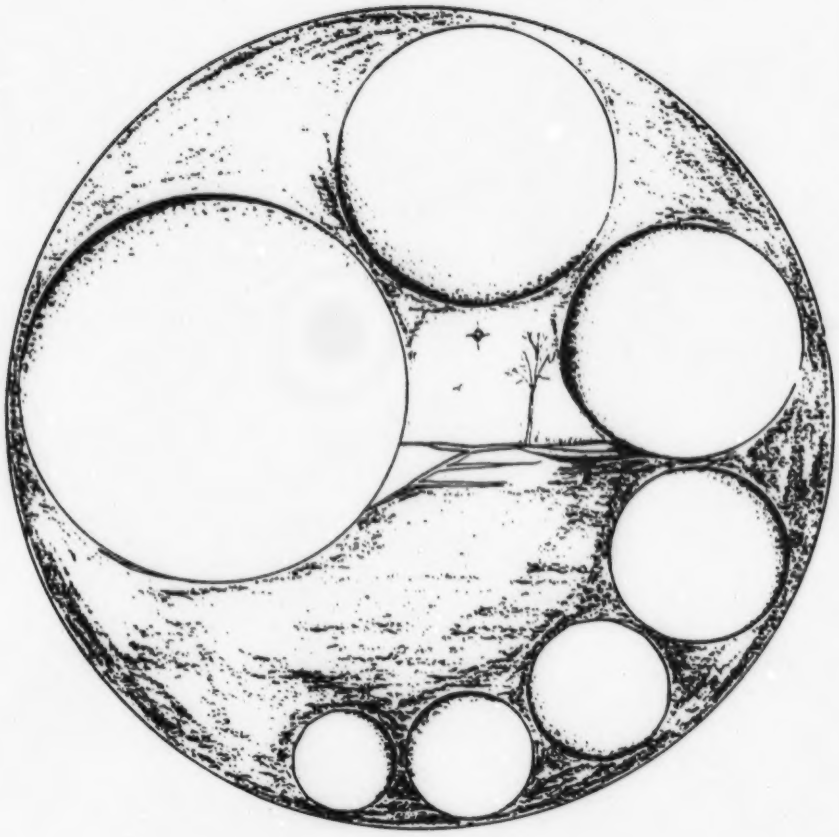
Annotated Bibliography # 11, 19, 20, 21, 39, 55, 86, 93, 95, 106, 111, 150, 163, 175, 179, 226, 241, 263, 273, 277, 306, 310, 328

4. ***Does drug or substance abuse cause suicide?***

Drug and substance abuse are risk factors in suicide. In a similar way to alcohol abuse, they may create or worsen other risk factors of suicide such as social isolation, chronic problems,

criminal behaviour, imprisonment and employment problems. Many drugs are lethal and may cause death either by accidental or intentional overdose. Because of the known risk of many drugs and substances, continued abuse may also be seen as self-destructive behaviour.

Annotated Bibliography # 11, 19, 39, 51, 54, 77, 86, 95, 105, 111, 159, 163, 193, 241, 273, 277, 283, 284, 285, 288, 295, 300, 301, 303, 343



SECTION 4

SUICIDE PREVENTION CENTERS AND RESOURCES

SUICIDE PREVENTION CENTERS AND RESOURCES

The following list of Suicide Prevention Centers and resources is organized alphebetically by province and each province is then organized alphebetically by town or city.

4.1 Alberta

Calgary Telecare
P. O. Box 4739
Station C
Calgary, Alberta
(403)261-4765
(403)266-0700

Canadian Mental Health Assoc.
201, 723 - 14 Street N.W.
Calgary, Alberta
T2N 2A4
(403)283-7591

Distress Centre/Drug Centre
223-12 Avenue S.W.
Calgary, Alberta
(403)266-1601
(403)226-1605

Salvation Army Suicide Prevention
237-17 Avenue S.E.
Calgary, Alberta
(403)263-3943
(403)252-3111

Suicide Information & Education Centre
#103-723-14th Street N.W.
Calgary, Alberta
T2N 2A4
(403)249-3346

Suicide Information & Education Centre
201, 1615 - 10 Avenue S.W.
Calgary, Alberta
T3C 0J7
(403)245-3900

Suicide Information & Education Centre(SIEC)/
Suicide Prevention Training
201,1615 - 10 Avenue S.W.
Calgary, Alberta
T3J 0J7
(403)245-3900

Camrose Counselling Service Aid Line
5402-48A Avenue
Camrose, Alberta
T4V 0L3
(403)672-0141
(403)672-2833

Cold Lake Help & Crisis Line
P. O. Box 87
Cold Lake, Alberta
T0A 0V0
(403)639-3335
(403)639-3334

A Better Way - Peoples Church
11205-101 Street
Edmonton, Alberta
(403)474-8536
(403)639-3337

Aid Service of Edmonton
203-10711 107th Avenue
Edmonton, Alberta
T5H 0W6
(403)426-6924
(403)426-4252

Canadian Mental Health Assoc.
200,12120 - 106 Avenue
Edmonton, Alberta
T5N 0Z2
(403)482-6091

Community Inter-Agency Suicide Prevention Program (CISPP)
c/o Suicide Prevention Advisory Committee
Carol Corpela, Chairperson
Ministry of Health
10030 107th Street, 6th Floor
Edmonton, Alberta
T5J 3E4

Salvation Army
9656 Jasper Avenue, No. 3
Edmonton, Alberta
(403)424-6924
(403)422-2727

Aid Service of Fort McMurray
8530 Franklin Avenue
Fort McMurray, Alberta
T9H 2J3
(403)743-5000
(403)743-4357

Suicide Prevention Program
202-9715 Main Street
Fort McMurray, Alberta
T9H 1T5
(403)743-8605

Suicide Prevention Program
201,10118-101 Avenue
Grand Prairie, Alberta
T8V 0Y2
(403)539-6692

Assoc. of Prof. Menno Boldt (IASP)
University of Lethbridge
4401 University Drive
Lethbridge, Alberta
T1K 3M4

Canadian Mental Health Assoc.
200, 505-7 Street South
Lethbridge, Alberta
T1J 2G8
(403)329-4775

Lethbridge Family Services
3rd Floor, 515-7 Street South
Lethbridge, Alberta
T1J 2G8
(403)327-5724

Canadian Mental Health Assoc.
398 Aberdeen Street S.E.
Medicine Hat, Alberta
T1A 0R2
(403)529-6011

Living Hope
201-1741 Dunmore Road S.E.
Medicine Hat, Alberta
T1A 1Z8
(403)529-9000

Canadian Mental Health Assoc.
2,5015 - 48 Street
Red Deer, Alberta
T4N 1S9
(403)342-2266

Canadian Mental Health Assoc.
P. O. Box 640
Red Deer, Alberta
T4N 5G6
(403)342-4966

4.2 British Columbia

Crisis Line
111 Columbia Rd.
Abbotsford, B.C.
V2S 4N5
(604)859-5507
(604)859-7716

Campbell River Counselling & Crisis Line
207-437 10th Avenue
Campbell River, B.C.
V9W 4E4
(604)287-2421
(604)287-7743

Chilliwack Crisis Line
45826 Wellington Ave.
Chilliwack, B.C.
V2P 2E1
(604)792-4267
(604)792-7242

Lifeline Crisis & Information Centre
P. O. Box 1142
Coquitlam, B.C.
V3J 6Z8
(604)931-7455/6
(604)939-2422/3

Crossroads Crisis Centre
1970 Cliffe Ave.
Courtenay, B.C.
V9N 2L1
(604)334-2455

Community Action Centre/Crisis Line
19-10 Avenue South
Cranbrook, B.C.
V1C 2M9
(604)426-8019
(604)426-8407

Cowichan Crisis Centre
P. O. Box 880
Cowichan Band Office
Duncan, B.C.
V9L 3Y2
(604)748-3731

Crisis Line Fort St. John
10247 100th Avenue
Fort St. John, B.C.
V2J 1Y5
(604)785-0468
(604)785-8811

Fraser Lake Crisis Line
P. O. Box 790
Fraser Lake, B.C.
V0J 1S0
(604)699-6315

Hope Community Service
P. O. Box 74, Room 6
4444 Park Street
Hope, B.C.
V0X 1L0
(604)869-2466
(604)869-7211

Thompson Valley Crisis & Counselling Services Assoc.
166 Oriole Rd.
Kamloops, B.C.
(604)372-3433
(604)372-2124

CR3-Community Resources
1441 Ellis Street
Kelowna, B.C.
V1Y 2A3
(604)763-8088
(604)763-9191

Crisis Line Kelowna
P. O. Box 307
Kelowna, B.C.
V1Y 7N8
(604)763-9444
(604)763-9191

Langley Crisis Line
5339-207th Street
Langley, B.C.
V3A 2E6
(604)534-7921

Mission Crisis Line
c/o 33070 5th Avenue
Mission, B.C.
V2Y 1V5
(604)826-3634
(604)853-5355

A.I.D. Crisis Centre
110-285 Prideau Street
Nanaimo, B.C.
V9R 2N2
(604)753-2495
(604)754-4447/8

Nelson Community Service Centre
601-B Front Street
Nelson, B.C.
V1L 4B6
(604)352-3504

Dial-For-Help
P. O. Box 14
Powell River, B.C.
V8A 4Z5
(604)485-6006
(604)485-5112

Crisis Intervention Society
1306 7th Avenue
Prince George, B.C.
(604)564-5736
(604)563-1214

Contact Line & Centre
324 Hoy St.
Quesnel, B.C.
V2J 1X3
(604)992-5658
(604)992-9414

CHIMO Personal Distress Intervention Service
7120 Westminster Highway
Richmond, B.C.
V6X 1A1
(604)273-8661
(604)273-8701

Contact Community Assistance Service
7120 Westminster Highway
Richmond, B.C.
V6X 1A1
(604)273-8661
(604)273-8701

Contact Community Assistance Service
P. O. Box 75
Sooke, B.C.
V0S 1N0
(604)642-5484

Surrey Crisis Line
9815-140 St.
Surrey, B.C.
V3T 4M4
(604)584-5811
(604)588-0188

Community Services Crisis Line
4603-D Par Ave.
Terrace, B.C.
V8G 1V5
(604)635-5135
(604)635-5566

Crisis Intervention & Suicide Prevention
1946 West Broadway
Vancouver, B.C.
(604)733-1171
(604)228-3700

Mr. Gary Mavis (IASP)
1946 West Broadway Ave.
Vancouver, B.C.
V6J 1Z2

Speakeasy Crisis & Information Centre
Rm. 100B
P. O. Box 115
Student Bldg.
University of British Columbia
Vancouver, B.C.
V6T 6M1
(604)228-3777
(604)228-3700

People in Need Crisis Intervention Society of Vernon & District
P. O. Box 96
Vernon, B.C.
V1T 6M1
(604)545-8074
(604)545-2339

Need Crisis Line
P. O. Box 5112
Station B
Victoria, B.C.
(604)386-6328
(604)386-6323

Crisis & Counselling Centre
302-197 North 2nd Avenue
Williams Lake, B.C.
V2G 1Z5
(604)398-8224/8

4.3 Manitoba

Flin Flon Committee for Women and Children in Crisis
130 Green Street
Flin Flon, Manitoba
R8A 0P9
(204)687-8255

Crisis Call Centre Corp. Inc.
P. O. Box 98
Selkirk, Manitoba
R1A 2B1
(204)482-8100

Harbour Light Centre (Salvation Army)
221 Rupert Ave.
Winnipeg, Manitoba
R3B 0N3
(204)943-6573
(204)943-4300

Klinic Inc.
545 Broadway Ave.
Winipeg, Manitoba
R3C 0W3
(204)786-6943
(204)786-8686

YWCA'S Osborne House
54 Balmoral Street
Winnipeg, Manitoba
R3C 2X4
(204)783-8210

4.4 New Brunswick

Tel-Aide J'Ecoute Inc.
P. O. Box 687
Edmonston, N.B.
E3U 3S1
(506)739-7812

CHIMO Help Centre Inc.
P. O. Box 1033
Fredericton, N.B.
E3B 5C2
(506)454-4262
(506)455-9464

Help - 24 - Au Secours
P. O. Box 2961
Postal Station A
Moncton, N.B.
E1C 8T8
(506)857-9782

Canadian Mental Health Association (Saint John Branch)
Place 400
400 Main Street
Saint John, N.B.
E2K 1J4
(506)633-1705

Suicide Crisis Intervention Line
P. O. Box 755
Saint John, N.B.
E2L 4B3
(506)642-5241

4.5 Newfoundland And Labrador

4.6 Northwest Territories

Help Information & Distress Centre
P. O. Box 2580
Yellowknife, N.W.T.
X1A 2P9
(403)873-3190

4.7 Nova Scotia

Help Line - South Shore
P. O. Box 361
Bridgewater, Nova Scotia
B4V 2W9
(902)543-2999

Dr. Solomon Hirch (IASP)
5855 Inglewood Dr.
Halifax, N.S.
B3H 1B2

Help Line
c/o Dalhousie University
Coburg Rd. at Oxford St.
Halifax, N.S.
B3H 3J2
(902)442-2048
(902)422-7444

Military Support Centre
2730 Gottigen St.
FMO Halifax, N.S.
B3K 2X0
(902)427-8100

Rev. Father Dr. B. Osborg (IASP)
"Libertas"
Hampton, Annapolis County, N.S.

Valley Care Line
P. O. Box 1204
Middleton, N.S.
B0S 1P0
(902)825-4884

Pictou County Help Line
P.O. Box 386
New Glasgow, N.S.
B2H 5E5
(902)755-5790

Cobequil Help Line Assoc.
P. O. Box 1503
Truro, N.S.

Help Line
P. O. Box 1661
Truro, N.S.
B2N 5Z5
(902)893-3333

4.8 Ontario

Barrie Telecare
P. O. Box 723
Barrie, Ontario
L4M 4Y5
(705)726-7922

Belleville Telecare
P. O. Box 503
Belleville, Ontario
K8N 5B2
(613)962-4111

Bolton Contact Centre
P. O. Box 701
Bolton, Ontario
L0P 1A0
(416)857-1140
(416)857-1050

Contact Centre-Telecare
P. O. Box 482
Brampton, Ontario
L5V 2L4
(416)459-8439
(416)459-7730

Burlington Telecare
P. O. Box 402
Burlington, Ontario
L7R 3Y3
(416)385-1903

Chatham Telecare
P. O. Box 96
Chatham, Ontario
(519)354-6037
(519)354-3500

North Halton Contact Centre
P. O. Box 85
Georgetown, Ontario
L7G 4T1
(416)877-0655
(416)877-1211

Guelph Distress Centre
177 Norfolk Street
Guelph, Ontario
N1H 4K1
(519)821-3760
(519)821-3761

Hamilton Telecare
P. O. Box 927
Hamilton, Ontario
L8N 3P9
(416)525-8616

Prof. Dr. Kenneth S. Adams (IASP)
McMaster University
Dept. of Psychiatry
1200 Main Street W.
Hamilton, Ontario
L8N 3Z5

Prof. Dr. Sakinofscy (IASP)
St. Joseph's Hospital
50 Charlton Ave. E.
Hamilton, Ontario

Rev. J.W.T. Lamb (IASP)
24 Princess Margaret Blvd.
Islington, Ontario
M9A 1Z4

Kingston Community Helpline
P. O. Box 171
Kingston, Ontario
K71 4V8
(613)544-1234

Telephone Aid Kingston
51 Queen's Cres.
Kingston, Ontario
K7L 2S7
(613)544-1771
(613)546-6869

Canadian Mental Health Association: Joanne Christie
607 King Street W.
Suite #202
Kitchener, Ontario
N2G 1C7

Lifeline Telecare Inc.
P. O. Box 281
Lindsay, Ontario
K9V 4S1
(705)324-0042
(705)324-4411

Contact Crisis Centre Inc.
P. O. Box 801
Station B
London, Ontario
(519)433-5151
(519)433-0440

Telecare Teleministries of Canada National Resource Centre Office
P. O. Box 695
Midland, Ontario
L4R 4P4
(705)526-8058

Distress Line Peel
P. O. Box 465
Port Credit P.O.
Mississauga, Ontario
L5G 4M1
(416)278-7028
(416)278-7055

North Bay Crisis Centre
P. O. Box 1407
North Bay, Ontario
P1B 6K6
(705)472-6204

Oakville Crisis Centre
P. O. Box 776
Oakville, Ontario
(416)884-4541
(416)844-4542

Six Nations Intervention Centre
Ohsweken Post Office
Ohsweken, Ontario
N0R 1M0
(519)455-2950

Dufferin Area Distress Centre
P. O. Box 52
Orangeville, Ontario
L9W 2Z5
(519)941-9000

Orillia Telecare
P. O. Box 2165
Orillia, Ontario
(705)325-9543

Durham Region Distress Centre
P. O. Box 703
Oshawa, Ontario
L1H 7M9
(416)686-2366
(416)723-4461

Ottawa Distress Centre
P. O. Box 739
Station B
Ottawa, Ontario
K1P 5P8
(613)238-3311
(613)238-1089

Tel-Aide Outaquais
P.O. Box 8484
Ottawa, Ontario
K1G 3H9
(613)741-6433
(613)741-4381

Peterborough Telecare
P. O. Box 1535
Peterborough, Ontario
K9J 7H7
(705)742-8590
(705)932-5307

Sarnia Counselling Centre
681 Oxford Street
Sarnia, Ontario
N7T 6Z7
(519)336-0120
(519)336-3000

Sault Ste. Marie Telecare
P. O. Box 803
Sault Ste. Marie, Ontario
P6A 5N3
(705)256-7576
(705)254-6888

Scarborough Distress Centre
P. O. Box 61
Scarborough, Ontario
P6A 4Y7
(416)751-4888
(416)751-6890

St. Catharines Distress Centre
P. O. Box 145
St. Catharines, Ontario
L2R 6R4
(416)688-3711
(416)688-2991

Stratford Telecare
P. O. Box 501
Stratford, Ontario
N5A 6T7
(416)271-2131
(416)273-0111

Sudbury Telecare
P. O. Box 602
Sudbury, Ontario
P3E 4P8
(705)675-1121
(705)675-1122

Thunder Bay Telecare
P. O. Box 2025
Thunder Bay, Ontario
P7B 5E7
(807)344-1192

Timmons Telecare
P. O. Box 53
Timmons, Ontario
P4N 7C7
(705)267-5000

Canadian Mental Health Assoc
2160 Yonge Street
Toronto, Ontario
M4S 2Z3

Distress Centre (IASP)
10 Trinity Square
Toronto, Ontario
M4G 1B1

Distress Centre One
P. O. Box 393
Postal Station K
Toronto, Ontario
M5G 1B1
(416)598-1121
(416)589-1066

Distress Centre Two
P. O. Box 393
Postal Station K
Toronto, Ontario
M5G 1B1
(416)486-1456
(416)486-6766

Dr. Rolf Lederer (IASP)
Rosedale Medical Centre
Station 607
600 Sherbourne St.
Toronto, Ontario
M4X 1W4

Lt/Col Raymond Homewood (IASP)
Suicide Prevention and Emergency Counselling
100 Lombard St.
Suite 111
Toronto, Ontario
M5C 1M3

Mr. Kenneth Graham (IASP)
The Salvation Army
Metro Family Services
P. O. Box 4021 Stn. A
Toronto, Ontario
M5W 2B1

Ontario Association of Distress Centres
811A Queen Street E.
Toronto, Ontario
M4M 1H8
(416)463-6606

Rev. Gordon Winch (IASP)
10 Trinity Square
Toronto, Ontario
M4G 1B1

Salvation Army Emergency Bureau
P. O. Box 4021
Toronto, Ontario
M5W 2B1
(416)368-0310
(416)368-3111

Survivor Support Program
10 Trinity Square
Toronto, Ontario
M4G 1B1
(416)595-1716

Toronto East General Crisis Intervention
825 Coxwell Ave.
Toronto, Ontario
M4C 3E7
(416)7272
(416)461-0311

Youth Line - Huntley Youth Service
34 Huntley Street
Toronto, Ontario
M4L 2Y1
(416)967-1773
(416)922-1700

Prof. Dr. Peter A. Eglin (IASP)
Wilfred Laurier University
Waterloo, Ontario
N2L 3C5

Waterloo Helpline
P. O. Box 851
Waterloo, Ontario
N2J 4L9
(519)745-1166
(519)745-5281

Etobicoke Telecare
P. O. Box 421
Weston, Ontario
M9N 3M1
(416)247-5425
(416)247-2528

Mrs. Barbara Fitchette (IASP)
50 Parkview Ave.
Willowdale, Ontario

Turning Point
404 Huron Church Rd.
Windsor, Ontario
N9C 2J9
(519)253-6351

Distress Centre of Windsor/Essex
P. O. Box 2025
Walkerville
Windsor, Ontario
N8Y 4P6
(519)973-4967

Help Services of Windsor/Essex County Inc.
783 Wyandotte St. East
Windsor, Ontario
N9A 3J5
(519)973-4966
(519)253-6351

Woodstock Telecare
P. O. Box 792
Woodstock, Ontario
N4S 8A2
(519)53703451

4.9 Prince Edward Island

Sign of the Fish Helpline
P. O. Box 1712
Charlottetown, P.E.I.
C1A 7N4
(902)894-3473

4.10 Québec

Tél-Aide Hotel-Dieu d'Arthabaska
5 rue des Hospitalières
Arthabaska, Québec
G6P 6N2
(819)357-9211

Association des Postes d'Écoute Téléphonique du Québec
68 rue Nord
Aylmer, Québec
J9H 2W7
(613)996-1429

Mr. Andre R. Ferri (IASP)
4 Place Radisson No. 102
Hull, Québec
J8Z 1T6

Dr. A. M. Mann (IASP)
Montreal General Hospital
1605 Cedar Ave.
Montréal, Québec
H3G 1A4

Mr. Carl J. Lemieux (IASP)
P. O. Box 205
Station H
Montréal, Québec
H3G 2K7

Mr. Paul C. Veilleux (IASP)
4620 Hutchinson
Montréal, Québec
H2V 3Z9

Prof. Dr. Brian L. Mishara (IASP)
Université de Québec à Montréal
C.O. 8888
Succursale A
Montréal, Québec
H3C 3P8

St. Mary's Hospital Crisis Clinic
3830 Lacombe Ave.
Montréal, Québec
H3T 1M5
(514)344-3621
(519)344-3511

Tél-Aide Inc.
C.O. 205
Succursale H
Montréal, Québec
H3G 2K7
(514)935-1105
(514)935-1101

A/S Caritas-Sherbrooke Secours-Amitié
C.O. 1596
Sherbrooke, Québec
J1H 5M4
(819)566-6345
(514)344-3511

Richelieu Inc. Tél-Aide
C.O. 521
Sorel, Québec
J3P 5N9
(514)935-1105
(514)742-9111

Trois Rivières Tél-Écoute
C.O. 501
Trois Rivières, Québec
G9A 5J3
(819)378-6050
(819)379-4242

4.11 Saskatchewan

Prince Albert Mobile Crisis Unit Co-op
1100-1st Avenue E.
Prince Albert, Saskatchewan
S6V 2A7
(306)764-1011

Dr. Andre Barclay Masters (IASP)
490 Midtown Centre
Regina, Saskatchewan
S4P 2B6

Mobile Crisis Services Inc.
1109 - 11th Avenue
Regina, Saskatchewan
S4P 0G6
(306)757-0127

Saskatoon Crisis Intervention Service
136 Avenue F. South
Saskatoon, Saskatchewan
S7M 1S8
(306)933-6200

4.12 Yukon

Yukon Crisis Line
32 Sunset Drive N.
Whitehorse, Yukon
Y1A 4M8

4.13 National

Canadian Association for Suicide Prevention
P.O. Box 56
Station K
Toronto, Ontario
M4P 2G1
President — Antoon Leenaars
(519)253-9377

Canadian Mental Health Association (CMHA)
2160 Yonge Street
Toronto, Ontario
M4S 2Z3

Canadian Council of Crisis Centres (CCCC)
c/o Les Talbot
Ontario Association of Distress Centres
811A Queen Street E.
Toronto, Ontario
M4M 1H8
(416)463-6606

Suicide Information & Education Centre
201,1615-10 Avenue S.W.
Calgary, Alberta
T3C 0J7
(403)245-3900

International Association for Suicide Prevention
(North American Representative)
c/o Charlotte Ross, Secretary General
1811 Trousdale Drive
Burlingame, California, USA
94010

American Association of Suicidology (AAS)
2459 South Ash
Denver, Colorado
80222
(303)692-0985